3

executed within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending paysicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then proce remove carbon papers. Pages 1 and 2 should be falled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
()2053

| | | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|--|--|---|
| 1. PLACE DF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution: Re | esidence before admission) |
| Calve HT MARYLAND | a. STATE b. COUNTY | live it |
| b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 15 | c. CITY OR TOWN (If outside corporate limits, write RURAL | and give nearest town) |
| write RURAL and nive nearest town) | -1/10/ | 1 1 |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gly6 street address) | d. STREET ADDRESS | 8. IS RESIDENCE |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | d. SIREEI ADDRESS | ON A FARM? |
| Calvert County Hospital | | YES ND ND |
| 3. NAME OF First Middle | Last 4. DATE Month | Day Year |
| (Type or print) (3) kook e | Dond DEATH Jan. | 29 1966 |
| 5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 1 | B. DATE OF BIRTH 9. AGE (In years IF UNDER) | |
| M WIDOWED N DIVORCED | 44 5 1875 Joyrs. Months | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR | / 11. BIRTHPLACE (County & State, or foreign country) 12. Cl | TIZEN OF WHAT |
| during most of working life, even if retired) INDUSTRY | 1 (0) + 0 + m/ 60 | UNTRY? |
| 13. FATHER'S NAME | 1 14. MOTHER'S MAIDEN NAME | 3,77 |
| 73. 1. R 1 | The state of the s | |
| 15. WAS DECEASED EVER INU.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. | Eliza longue | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service) | INFORMANT Address | 0/1/ |
| No - 219-32-2048 (a) | thering Hance + 5/and he | ek Ind. |
| 18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c)/1) | 7 | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN | lure | ONSEL WAS DENTH |
| 4500 DUE TO 1 | | |
| Conditions if any which \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | arlen- clames | |
| gave rise to immediate | | |
| cause (a), stating the DUE TO | | |
| underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA | TED TO THE TEDMINAL DISEASE COMPLITION CIVEN IN DADT 1/a) | 119. WAS AUTDPSY |
| TA TANA TIME CONTROLLED TO THE CONTROL TO THE CO | TED TO THE TERMINAL DISEASE GONDITION GIVEN TAT ART 1(0) | PERFORMED? |
| 2 | | YES ND |
| PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 208. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RRED. (Enter nature of Injury in Part I or Part II of Item 18.) | |
| | CE OF INJURY (Home, farm, 20f. (City of town) (Cour | nty) (State) |
| Hour a.m. While Not While facto | ry, street, office bldg., etc.) | |
| | 25 (| |
| 21. I certify that (1) (this hospital) attended the deceased from | 1995 to 19 | , that (I) (we) last |
| | death occurred atM, from the causes and on the | |
| 22a. SIGNATURE | ATTENDING MED. STAFF | TE SIGNED |
| M.D. | . PHYS. DIRECTOR PHYS. | 30/66 |
| 22c. PHYSICIAN'S NAME (Type) | 22d. ADDRESS | |
| A DE DILLA LICENT | John John | |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMETERY | OR CREMATORY 23d. LOCATION (City, town or cou | nty) (State) |
| Bunie Feb. 3 1966 Christ Chuse | h Cemetary lost texublic | Calvert Mil |
| 24. FUNERAL DIRECTOR MATTER ADDRESS BAY | 25a. REC'D BY REGISTRAR 25b. REGISTRAR | SIGNATURE |
| A A HALAMPER C NON POT PEPUBLIC ! | na. EEB 8 1956 Charles | , Cudge |
| 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1 | DATE | 0 0 |

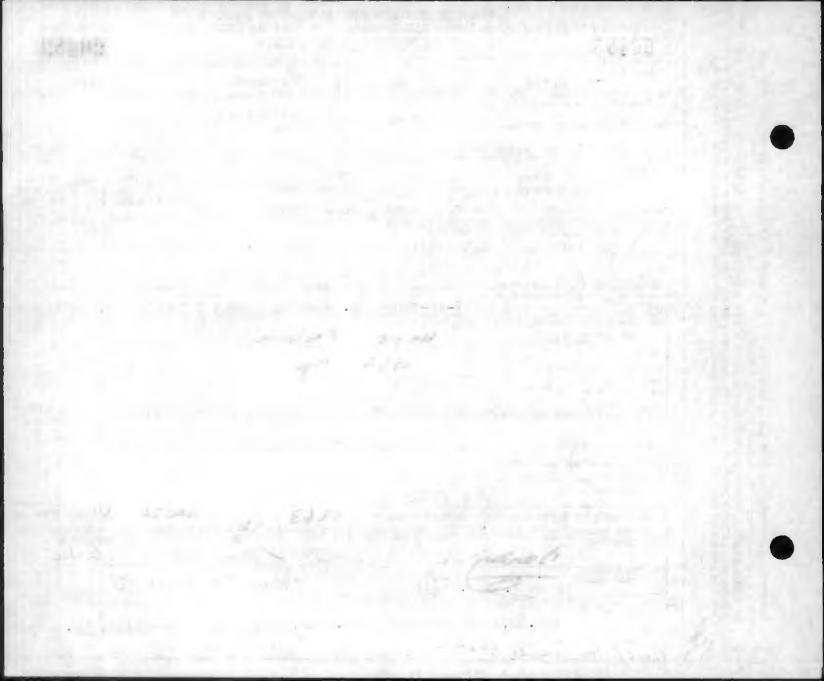
VR A15 (4) 2DM 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| | 00498 | 3 | | CERTIF | ICATE | OF DEATH | | | | 00 | 181 | |
|-----------------------|--|--|-------------------------|---------------------|-----------|--|------------------|---------------------------------|------------|-----------|----------|---------------------|
| 1. | PLACE OF DEATH | Calvert | | MAR | YLAND | 2. USUAL RESIDENCE a. STATE Maryla | | deceased lived, If Inc. | YTY | lvei | | imission) |
| _ | b. CITY OR TOW | N (If outside corpora and give nearest tow | te limits, | C. LENGTH OF STA | | c. CITY OR TOWN (If | | corporate limits, wr | - | | | st town) |
| | Owings | S | | l year | | Hunting | gtown | 04 | 1-1 | | | |
| | d. NAME OF HOS | SPITAL OR INSTITUTIO | | | address) | d. STREET ADDRESS | | | | | ON A | FARM? |
| 3. | NAME OF | tt's Nursi | | | 1 | | | TP Mana | | | ES X | |
| | (Type or print) | MARY | rst | Middle REBECCA | I | BOWEN | 4. DAT | | | Day 22 | | 66 |
| 5. | SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRI | ED 3 | . DATE OF BIRTH | | 9. AGE (in years last birthday) | IF UNDER | 1 YEAR | FUNDE | R 24 HRS. |
| | Pemale | White | WIOOWED [| OIVORC | EO DI | une 7,1877 | | 88 yrs. | Monuts | Deys | nours | Milita |
| 10a dua | a. USUAL OCCUPAT ring most of work | TON (Give kind of work ing life, even if retire | done 10b. Kir d) INI | ND OF BUSINESS O | R | 11. BIRT HPLACE (Co | ounty & St | ate, or foreign country | () 12. C | OUNTRY | F WHA | |
| | House | ewife | | estic | | Calvert Co | ., M | arvland | | USA | | |
| 13 | . FATHER'S NAM | ΙE | | | | 14. MOTHER'S MAIO | EN NAME | | | | | |
| | James 1 | | | | | Mary De | enton | | | | | |
| 18 (Y | 5. WAS DECEASED I es, no, or unkown) | EVER IN U.S. ARMED FO (If yes pive war or dates o | (service) | OCIALSEGURITYN | | INFORMANT | | Addre | \$\$ | | | |
| | Vo | | 217 | -48-9465 | J. | . Kenneth E | Bowen | , Huntin | gtown | , Ma | ryl | and |
| | | DEATH [Enter only on | | e for (a), (b), end | (c).] | ~ | | | | | T AND | |
| | PART I. DE | EATH WAS CAUSED BY IMMEDIATE CAUSE | (a) | Ha. Or | 3 | Sung | | | | Jino | -1 /010 | |
| | 194 x | DUE | | | - 0 | | | | | | | |
| | Conditions, If | | (b) | 03 | 86 | 230. | | | | | | |
| | gave rise to cause (a), si | | 10 | | | 9 | | | | | | |
| | underlying caus | | (c) | | | | | | | | | |
| CATION | PART II. OTHERS | SIGNIFICANT CONDITIO | ONSCONTRIBUT | ING TO DEATH BUT | NOT RELA | TEO TO THE TERMINAL D | DISEASE C | ONDITION GIVEN IN | PART 1(a) | 19. YE | WAS A | TOPSY MED? NO |
| MEDICAL CERTIFICATION | 20a, ACCIDENT OR CONTRIBUTI (IF EITHER, NO | WAS UNDERLYING ON CAUSE OF DEA | TH NER) | SCRIBE HOW INJ | URY OCCU | RRED. (Enter nature of | Injury In | Part I or Part II o | of Item 18 | l.) | | |
| CAL | 20c. TIME OF | INJURY Month, Day, | Year 20d. IN. | JURY OCCURRED | 20e. PLAC | E OF INJURY (Home, fa | rm, 20f | . (City or town) | (Co | unty) | (| State) |
| | Hour e.c | | While at work | Not While | tactor | y, street, Office bldg., e | tc.) | | | | | |
| 2 | | y that (I) (this hosp | | the deceased | from | 1963,1 | 9, 1 | 10 700 53 | 19 | ob, th | at (1) (| we) last |
| | saw the dec | ceased alive on | | 19, | and that | death occurred at | (75 W | from the causes | and on t | the date | state | above. |
| | | 1) am | · real | 1. | M.D. | PHYS. | MED. DIRECTOR | STAFF PHYS. | 220. | 24 | 1 | |
| | 22c. PHYSICIA NAME (T) | rpe) Issam F | Dana | louji | | 22d. ADDRESS | CE F | REJERICK | MH. | | | |
| 23: | a. BURIAL, CREM REMOVAL (Spe | ecify) _ | | 23c. NAME OF C | | | 23d. | LOCATION (City, t | | | ,- | tate) |
| 24 | Burial L. FUNERAL DIRE | | 5,1966 | Emmanuel ADDRESS | Meth | 25a. REC | D BY RE | GISTRAR 25b. R | EGISTRAR | 'S SIGN | TURE | |
| 1 | Hitches | in Tunua | forme | wings, M | aryla | | 28 | | liarle | | | |

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. Item #8 Infortaken 2. USUAL RESIDENCE (Where occased lived, If Institution) Residence before addission) PLACE OF DEATH b. CDUNTY MARYLAND funeral funeral Department after death: IV DR TDWN (If outside corporate fimits, TOWN (If outside corporete Urbits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b NAME OF NOSPITAL AR INSCITUTION (if not in hospital live street address) e. IS RESIDENCE STREET ADDRESS DN A FARM? any delay 2, and 3 th State NO _ YES er death. If any dela-ive Pages 1, 2, and 3 with form PM3. P. NAME OF DATE Month Day Year 3. DECEASED the OF 190 (Type or print) DEATH 2 with within 6. COLDR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. 9. 7. MARRIED NEVER MARRIED lest birthdey) Months Days Hours MIn. WIOOWED OLYORCED event BINTHILACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR Give COUNTRY? during most of working life, even if retired) INDUSTRY after (_ 13. FATHER'S NAME MOTHER'S MOTOEN NAME EXAMINER: This certificate should be executed within 24 hours a certificate, writing the word "pending" in pencil in Item 18. tould be forwarded to the Chief Medical Examiner's Officer was 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SDCIAL SECURITY ND. 17. INFORMANT (Yes, no. or unkown) | (If yes pive war or dates of service) permit. removal, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per Lightor (a) DNSET AND DEATH PART I. OEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (a) **OUE TO** Conditions, if eny, which (b) gave rise to immediate DUE TD ceuse (a), stating the œ underlying cause lest. used as to burial PART II. PLACE SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T YES T o be EXTERNAL CAUSE WAS INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) PRIMARY OF CONTRIBUTING 3 should tagent, price (County) (State) MEDICAL 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED factory, street, office bldg., etc.) Hour Not While While CTOR: Page designated at work p.m. et work _ and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry should DIRECTOR: Undetermined manner Natural, causes Suicide Homicide death resulted from: Accident YOUR CHIEF MEDICAL EXAMINER 4 DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER M.D. O DEPUTY MED SIGNATUR for 6 director. Paretained for O FUNERAL O DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) (State) 23a. BURIAL, CREMATION, 23b. NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town of county) DATE THEREOF 0 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY conces VR MISME (5) DATE 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

BESIM Burial 1-3-66 Plyin Point Chysell Hantaging Whi TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours effect deeth. Page 1.1. By the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremetion, or removal, and in any event, within 72 hours effer death

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00500 CERTIFICATE OF DEATH 0049

| b. CITY OR TOWN (if outside corporate limits, write RURAL a write RURAL and give nearest town) Huntingtown d. NAME OF HOSPITATOR INSTITUTION (if not in hospital, give street address) 3. NAME OF DECEASED DECEASED DECEASED MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL a Huntingtown of STREET ADDRESS A STREET ADDRESS Month OF | e. IS RESIDENCE ON A FARM? YES NO DAY Year 26 19 66 |
|--|---|
| write RURAL end give nearest town) Huntingtown d. NAME OF HOSPITATOR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS 3. NAME OF DECEASED Month OF | e. IS RESIDENCE ON A FARM? YES NO Yesr |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS 3. NAME OF First Middle Lest 4. DATE Month OF | ON A FARM? YES NO NO |
| 3. NAME OF First Middle Lest 4. DATE Month OF | Day Year |
| DECEASED | 20 00 |
| The transfer of the transfer o | 26 19 66 |
| (Type or print) Ridgley Clauton Cox DEATH Jan. | |
| S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If UNDER last birthday) Manthal | |
| M White WIDOWED DIVORCED Oat 7 1898 67 yrs. Months | Days Hours Min. |
| 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. Cl | ITIZEN OF WHAT COUNTRY? |
| Ferenge States Doads (alient County Md. | U. S.A. |
| 13. FATHER'S NAME | |
| Damiel Cont Haele Shierson | _ |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, on unknown) (Hyesgivewerordeles of service) | 1 1 |
| No - Marin | I INTERVAL BETWEEN |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART t. DEATH WAS CAUSED BY: | ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Mujoraidear fugación | |
| TOO WE TO WE TO WE TO THE OWN TO | |
| Conditions, if eny, which gave rise to immediate cause | |
| (a), stefing the underlying DUE TO | |
| | RT 1(a) 19. WAS AUTOPSY |
| OIL | PERFORMED? |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAID 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIB | Powerf Braund |
| | ounty) (Stele) |
| 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Hour s.m. While Not While at work at work. | |
| | 9.66 that (I) (we) last |
| saw the deceased alive on 1/25 1966, and that death occurred at 8P.M. from the causes and on | |
| 22e. SIGNATURE ATTENDING ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. | 1/27/66 DATE SIGNED |
| 22c. PHYSICIAN'S NAME (Type) G. J. Weens, M. D. 22d. ADDRESS Huntingtown, Md. | |
| 236. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or country) | nty) (State) |
| Durial Jan 29 1966 Miranda Consta, Hunting tron 6 | host la Md. |
| The state of the s | SIGNATURE |
| A.A. Harkovssa Jon Fost Republic Mid. DATE FEB I 1966 | 0 0 |

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VR A15 (4) 15M 4-64 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

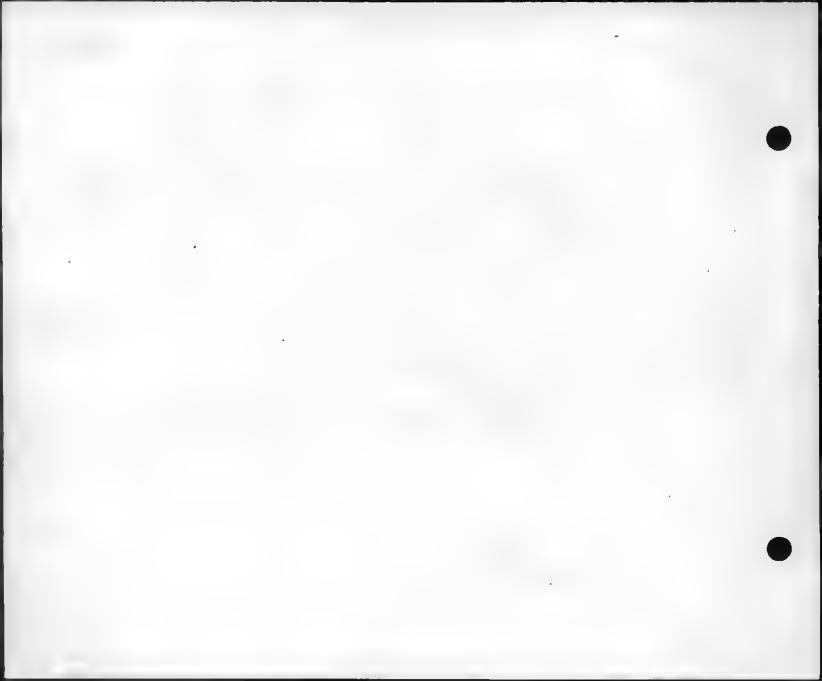
| - | 0000= | | 11500 | | | |
|---|--|---|--------------------------------------|--|--|--|
| 1. | PLACE OF DEATH a. COUNTY Cal vert MARYLAND | 2. USUAL RESIDENCE (Where deceased lived, If Institution: R a. STATE Maryland b. COUNTY C | esidence before admission) alvert | | | |
| r | b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) ural—Prince Frederick 3 days | c. CITY OR TOWN (If outside corporate limits, write RURAL Huntingtown, rural | end give nearest town) | | | |
| | d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street eddress) | d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? | | | |
| - | alvert County Hospital | | YES NO 🔀 | | | |
| | NAME DF First Middle DECEASED (Type or print) Samuel Hezikiah | Dixon 4. DATE Month OF DEATH January | 9 19 05 | | | |
| 1 | sex 6. color or race 7. married never married male Caucasian divorced x | 8. DATE OF BIRTH 9. AGE (in years if UNDER Months) 8. Yrs. | Days Hours Min. | | | |
| 10a | . USUAL OCCUPATION (Give kind of work done in the line | 11. BIRTHPLACE (County & State, or foreign country) 12. Cl | ITIZEN OF WHAT | | | |
| | Carpenter Construction | Calvebt-Maryland U | .S.A. | | | |
| 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | |
| J | oseph A. Dixon | Hester Cox | | | | |
| 15. | WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. | INFORMANT Address | | | | |
| | | son Dixon Humtingto | own. Marvl | | | |
| | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] | | INTERVAL BETWEEN | | | |
| | PART I. DEATH WAS CAUSED BY: Pulmonary Insu | officiency | ONSET AND DEATH | | | |
| | 42/3 DUE TO | | | | | |
| Conditions, if any, which) (b) Heart Failure | | | | | | |
| | gave rise to immediate | | | | | |
| | cause (a), stating the DUE TO underlying cause last. | | | | | |
| 8 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY | | | |
| ICAT | | | YES NO | | | |
| CERTIFICATION | 208. ACCIDENT WAS UNDERLYING COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RRED. (Enter nature of injury in Part i or Part ii of Item 18. | .) | | | |
| SA | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA | CE OF INJURY (Home, farm, 20f. (City or town) (Cou | inty) (Stete) | | | |
| MEDICAL | while - Not write - | ry, street, office bldg., etc.) | | | | |
| 2 | p,m. 19 at work at work | numer 6 1066 to Ton Q 106 | 6 that Ill from last | | | |
| | 21. I certify that (I) (this hospital) attended the deceased from Jasaw the deceased alive on January 91966, and that | | | | | |
| | 22a. SIGNATURE | | ATE SIGNED | | | |
| M.D. PHYS. DIRECTOR PHYS. 1/10/66 | | | | | | |
| П | 22c. PHYSICIAN'S NAME (Type) Issam F. El-Damalouji, M.D | 22d. ADDRESS Prince Frederick, Ma | ryland | | | |
| 23a | | | | | | |
| | Burial Jan. 12, 1966 Emmanuel Chur | ch Cemetery Plum Point, Cal. | Co. Md. | | | |
| » 24. | FUNERAL DIRECTOR ADDRESS | 25a. REC'D BY REGISTRAR 25b. REGISTRAR' | 'S SIGNATURE | | | |
| 1 | Autchine Tuneral Home Owing | o, Tell DATAN 14 1956 galianle | Judge | | | |
| | | | | | | |

SESTIN The state of the s And the second s and the land of the same of th

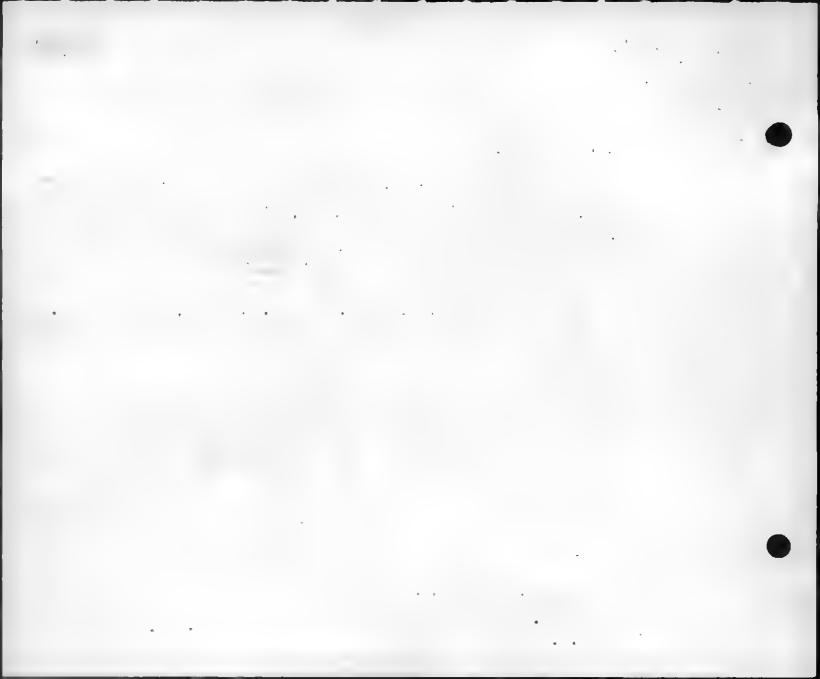
VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

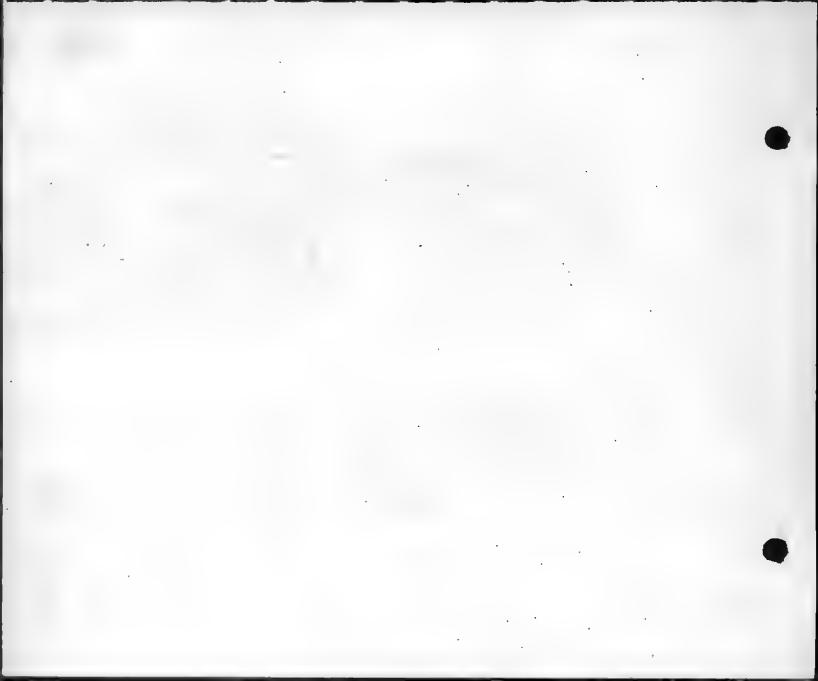
| - 3. | | | | | | 00200 |
|------|---------------|---|------------------------|--|---|---|
| H | 1. | PLACE OF DEATH a. COUNTY | | | E (Where deceased lived, If institution | n: Residence before admission) |
| 1 | | CALVERT | MARYLAND | a. STATE | b. COUNTY | Alvert |
| | | b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) | NGTH OF STAY IN 1b | C. CITY OR TOWN (IF | outside corporate limits, write RU | RAL end give nearest town) |
| | | PR. FRECT | 74KS. | LOKT | to beach, | md. |
| | | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, | , give street address) | d. STREET ADDRESS | 1 | 6. IS RESIDENCE ON A FARM? |
| Q. | | | kme. | 403-6 | | YES NO X |
| | 3. | NAME OF First DECEASED | Middle | Last | 4. DATE Month | Day Year |
| | | (Type or print) MIN'N' 13- TTB | E' | MYEK | DEATH VISIO | 22 1966 |
| 1 | 5. | 6. CDLOR OR RACE 7. MARRIED N | EVER MARRIED [| B. DATE OF BIRTH | last birthday) Mont | DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min. |
| 1 | 1 | WIDDWED X | DIVORCED [| Oct. 22,1. | | |
| 1 | 10 | USUAL DCCUPATION (Give kind of work done 10b. KIND OF mannest of working life, even if retired) INDUSTR | BUSINESS OR | 11 BIRTHPLACE (Co | unty & State, or foreign country) 12 | COUNTRY? |
| | | Housewill att | ome | Most LC | acolina | 0219 |
| 1 | 13. | FATHER'S NAME | | 14. MOTHER'S MAID | EN NAME | |
| | | Joseph Horal | | Unkin | and was | |
| | 18 | . WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL | L SEGURITY NO. 17. | INFORMANT | Address | Hyallantle &1 |
| | | no no | re El | lies 16.12 | 5600-16 | = line |
| | | 18. CAUSE OF DEATH [Enter only one cause per line for | (a), (b), and (c).]// | / | | INTERVAL BETWEEN ONSET AND DEATH |
| - | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | dien. | taskich | MA | 24 Pero |
| | | DUE TO | 1 | | ^ | |
| | | Conditions, If any, which) | dias o | Jecompen | is alim | |
| 1 | | gave rise to immediate (cause (a), stating the DUE TO | | | | |
| | | underlying cause last. (c) | | | | |
| | NO. | PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING T | O DEATH BUT NOT RELA | ITED TO THE TERMINAL D | ISEASE CONDITION GIVEN IN PART | 1(a) 19. WAS AUTOPSY PERFORMED? |
|) | ICA | | | | | YES NO |
| | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRI | BE HOW INJURY OCCU | IRRED. (Enter nature of | Injury in Part I or Part II of Iten | n 18.) |
| | . 1 | DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | |
| | CAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY | | CE OF INJURY (Home, fa ry, street, office bldg., et | rm, 20f. (City or town) | (County) (State) |
| | MEDICAL | Hour a.m. While No | ot While | 17, 41, 601, 611, 64 8148-101 | 100) | |
| | - | 21. I certify that (I) (this hospital) attended the | deceased from | Dee, 19 | 58 to JAn. , 1 | 966 that (1) (we) last |
| | | saw the deceased alive on Jan. 21 | 1966, and that | death occurred at | 325M, from the causes and | on the date stated above. |
| | | 22a, SIGNATURE | | | 22b | . DATE SIGNED |
| | | Cape Cofessor | M.U |). PHYS. | DIRECTOR PHYS. | An. 23, 1166 |
| | | 22d PHYSICIAN'S NAME (Type) | | 22d. ADDRESS | west FART | 5×106 |
| | | THE EVEL | 1. | 1/0// | 161 /1/10 | 707070 |
| | 2 3a | BURIAL CREMATION, 23b. DATE THEREOF 23c. | NAME OF CEMETERY | OR CREMATORY | 23d. LOCATION (City, town of | r county) (State) |
| | 1 | Berrial 1-24-66 M | askingle | a Halt Go | 4. Suitent | 73/11- |
| | | FUNERAL DIRECTOR | ADDRESS | 25a. REC | - a | RAR'S SIGNATURE |
| | 4 | 1.W. Chambers Co, - 5/7/1= | 1 Ac. | De M | 26 1966 | las freedad |



| | 12 | | It | me 18-21 Film G374 MARYLAND STATE DEPARTMENT OF HEALTH | |
|---|------------------------------------|-----|---------------|--|---|
| FOR | STATE | X. | 0 | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI WEDICAL EXAMINER'S CERTIFICATE OF DEATH | RYLAND DEADA |
| HEALTH | DER | | 1. | PLACE OF DEATH [] 2. USUAL RESIDENCE (Where deceased lived, If institution; Re- | ildence before admission |
| | | | | a. COUNTY 2. STATE CALVERT MARYLAND MARYLAND A. COUNTY MARYLAND CALVERT | |
| eral be | ath. | | | b, CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write BURAL a | ind giva nearast town |
| fun | de de | | | write RURAL end give naarest town) PRINCE FREDERICK SOLOMONS | 24.1 |
| S. ru | Department after death. | | | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS | a. IS RESIDENCE |
| ay to | State hours | 1 | | CALVERT COUNTY HOSPITAL | YES NO X |
| and de | 2 S | / | 3. | NAME DF First Middle Lest 4. DATE Month DECEASED | Day Yeer 6 |
| E ~ E | 1 the | | | (Type or print) ESTON GARRETT EDWARDS DEATH 1 | 17 19 65 |
| では重 | 2 with within | | 5. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 Months E Months Months E Months E Months E Months Months E Months Mont | YEAR IF UNDER 24 HRS |
| THE STATE OF | ± 2 × | | | Ile White WIDOWED DIVORCED May 17,1913 52 yrs. | |
| ive F | 1 and 2 | | dur | USUAL OCCUPATION (Give kind of work dona ng most of working life, even if retired) By most of working life, even if retired) Col Shipyard 12. CIT Col Shipyard | TZEN OF WHAT INTRY? SA |
| rs afte 18. Gi along | ges | | | FATHER'S NAME | <u>DA</u> |
| ours m 18 | 2.5 | | | Mabel Jenkins | |
| 74 h | 2000年 | | 15. | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address | |
| 三元 2 | val, | | (16 | i, no, or unkown) (If yes give war or dates of service) 0715 32 9939 Mrs. Edna B. Edwards. Solomon | o Tel |
| within pencil niner | permit. removal | | | 18. CAUSE DF DEATH [Enter only one couse per line for (e), (b), end (c).] | INTERVAL BETWEEN |
| uted within " in pencil i Examiner's | | | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Exposure and acute alcoholism | ONSET AND DEATH |
| C 00 | al-transit lation, or | | | 10xx Due to | |
| be exe pendin | burial-tran cremation, | v | | Conditions, if eny, which (b) | |
| 5 T | burl | | | gava rise to immadiata cause (e), stating the DUE TO | |
| should word ' Chief | S 10 | | _ | underlying cause last, (c) | |
| his certificate s writing the w rarded to the C | used as to burial | 2 | CERTIFICATION | PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Fatty infiltration of liver, marked. | 19. WAS AUTOPSY PERFORMED? YES X NO |
| ertiffi ing d to | - 6 E | | TIFE | 20a FXTERNAL CALLSE WAS 20b DESCRIBE HOW INDIRE OCCUPATED A feature of Johnson to Part II of Item 18.1 | |
| INER: This ceri ificate, writin be forwarded | should ent, pri | | | PRIMARY TO CONTRIBUTING D CAUSE OF DEATH. Drove car into river (temp. 20°) Had been d | |
| CER: The | 3 shou agent, | | MEDICAL | 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2De. PLACE DF INJURY (Home, farm, Hour a.m. While Not While Not While 10 factory, street, office bidg., etc.) | ty) (State) |
| NEW fica | d de | 11 | MED | 2 p.m. 1/17/ 19 66 at work Not While River Coster Calv | ert Md. |
| 352 | Pag mate | 7 | П | 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , | and in my opinion |
| Shock | DIRECTOR: Page r its designated | | | death resulted from: Natural causes, Accident | |
| 9 7 | REC our | | | ACTUAL CHIEF MEDICAL EXAMINER X | 22. DATE SIGNED |
| MED ecute Page | 5 | | | M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER | |
| 2 | | 2 | | EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. Address (Street, city, town, or county) | 1-17-66 |
| D DEPUT please director | FUNERA OF Health | | 23a | BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or cour | ity) (State) |
| 日本市 | 12 La | 2 | Bu | TOTAL DELICITION DICTIONS IN A TANK THE | |
| | | 25 | 24. | VILVER Palla4101 Number Ave 1440 1 and 1996 a | |
| VR A 5M | 15ME (5) | 1 3 | 1 AA | toke 1956 Francis | , judge |



| The same of | Division of STAT | MARYLAND STATE D ISTICAL RESEARCH AND RECORD | EPARTMENT OF HEALT | • |
|--|---|---|--|--|
| FOR STATE | 00504 | MEDICAL EXAMINER'S | | DEATH 00495 |
| HEALTH DEPT. | 1. PLADE OF DEATH | | | eased lived, it institution: Residency before admission) |
| | Valoral | MARYLAND | a. STATE | b. COUNTY |
| cessary, e 5 may be Department after death. | by the pown (if outside co | rporte limits, c. LENGTH OF STAY IN LE | c. CITY OR TOWN (If outside cor | porate limits, we ite AURAL and give searest town) |
| cessa f une f may epartme | | TOTION (if obtained by tal, give street address | d. STREET ADDRESS | a is pesinence |
| Page 5 | (Polone) - Ch A | Day (1 to the the transfer of the street address | 84081 Last | e. IS RESIDENCE ON A FARM? YES N |
| Page State State hours | 3. NAME OF | Hirst Middle | Last / 4. DATE | Month Day Yea |
| PM3. PM3. https://deland. | (Type or print) | h Lukers - | Thosa DEATH | |
| | 5. SER /6. COLOR OR/ | 1. INSARIES A REVER MARKES | 8. DATE OF BIOTH 9. | AGE (In years IF UNDER YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. |
| fter death. I | 10a, USUAL OCCUPATION (GIVE kind of | f work done Lob. KNO OF BUSINESS OR retired) INDUSTRY | 11. BIRTUPLACE (State or fore) | gn country) 12. CITIZEN OF WHAT COUNTRY? |
| e a Care | barrower o | retired) INOUSTRY | 1 Or | U.S.A. |
| n 18. of along a along pages 1 in any | 13. HATPER'S NAME | 1 | 14. MOZHER'S MODEN NAME | 7-1- |
| 74 hour ltern Office File p and i | 15 WAS DECEASED EVER IN U.S. ARM | APD FORCES? 16. SOCIAL SECURITY NO. 27 | INFORMANT, | Address |
| cuted within 24 hours al g' in pencil in Item 18., Examiner's Office aloh ansit permit. File pames n, or removal, and in an | (lf yestirewar or | inter of service) 141-01-2-0 | -8 Mas John | 41 1108 |
| within 2 pencil in miner's 0 permit. I | 1 8. CAUSE OF DEATH [Enter of | | Gloven | INTERVAL DETWEEN |
| rted in Exam Exam Sit p | PART I. DEATH WAS CAUSI | EO BY: aldice | failu | Ce 98 TANDERTH |
| if be executed 'poding' in if Medical Examile I burial-transit cremation, or it cremation, or it | 78.74 | DUE TO | 8 | |
| be e pen wrial ema | gave rise to immediate | (b) | | |
| nould ord ' hief s a b | underlying cause lest. | (c) | | |
| EXAMINER: This certificate should be executed certificate, writing the word "pending" in rould be forwarded to the Chief Medical Examiles. R: Page 3 should be used as a burial-transit ignated agent, prior to burial, cremation, or a | E Crue W EX | MOUTIONS CONTROBUTING TO GEAR BUT NOT RE | NATED TO THE TERMINAL PISEASE PON | PERFORMENT |
| iffica to the to the r to | 3 Care W CX | 1 20b. DESCRIPE HOW INJURY OR | BURREO, (Enter nature of Injury In Pi | ort for Part II of Item 18.) |
| ritin ritin ded ded prio | 20a. EXTERNAL CAUSE WAS PRIMARY OF DEATH. | | | , |
| cR. This certificate, writing forwarded to 3 should be agent, prior | 3 20c. TIME OF INJURY Month, | Oay, Yeer 20d. INJURY OCCURRED 200. B | ACE OF LAPURY (Home, face), 201/ tory, street, office bldg., 9c.) | (Orly on town) (County) (State) |
| CAMINER: The certificate, uld be forw.s. S. Page 3 sh. gnated agent | 2 Hour p.m. | 1 While Not While at work at work | u Manch A | Jeounds (Swed The |
| MEC EXAMINE Security Page 4 should be for your files. L DIRECTOR: Page or its designated | | charge of the remains described above, I | | |
| the control of the co | death resulted from: Na | atura causes , Accident , | Suicide, Homicide, CHIEF MEDICAL EXAMINER | Undetermined manner |
| MER ecut: Page 4 for your L DIRECT or its d | ACTUAL SIGNATURE | 1 Ward | | INER 22. OATE SIGNED |
| | EXAMINER'S | | OEPUTY MEDICAL EXAMINE | F / 1 / 1 / 1/4 / 1/4/ |
| ase ecto aine aine UNE | | DATE THEREOF 23c. NAME OF CEMETE | Address (Street, city, town RY OR CREMATORY 23d. LC | OCATION (City, town or county) (State) |
| direction of | | | | rt Mycr, Virginia |
| VR ALSME (5) | 24. FUNERAL DIRECTOR | 7 77 | andria, 25a. REC'D BY REGI | and a li |
| 5M 1/65 | Vn. Demaine & Son | n Funeral, Home, Virg | inia oatAN 4 1 | 366 fe carries judge |



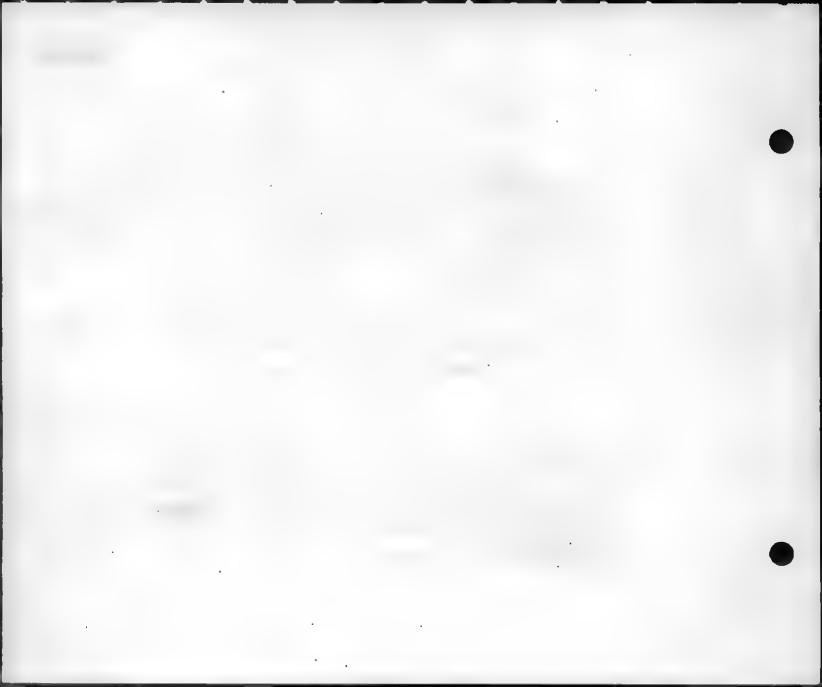
TO BOSFITM OR TITEBING FEYS MAN: The law requires that the death cartificate to executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pluyician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please funds carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after goath.

VR AI5 (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| -1 | 0000 | | | OLKIII IOAI | E OI DEATH | | HII AND |
|------|----------------------------------|--|-------------------|------------------------------|----------------------------|--|--|
| 1, | PLACE OF DEATH | 1 | | | | E (Where deceased lived, If Institution: R | (esidence hefore admission) |
| | | vert | | MARVIAND | a. STATE Maryla | b. COUNTY | L |
| - | b. CITY OR TOW | N (If outside corporate | e limits. | c. LENGTH OF STAY IN 1b | | ind. Calver putside corporate limits, write RURAL | |
| | write RURAL | and give nearest town | 1) | | | | t Plan in All And Coult |
| _ | Lusby | | | | | y -Md. 7 1 | / |
| | G. NAME OF HOS | BELLAL OR INSTITUTION | N (if not in ho | spital, give street address) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? |
| | | | | | | | YES NO |
| 3. | NAME OF | Fir | st | Middie | Last | 4. DATE Month | Day Year |
| | (Type or print) | Charlo | tta | | oote | 4. DATE Month OF DEATH | |
| 5. | SEX | 6. COLOR OR RACE | 7 Mappiers | Z NEWCR MARRIED . | B. DATE OF BIRTH | 19 AGE (In years LIFTINDER | 19 1966 |
| | 70 | 0 | | | | last pirthday) Months (| Days Hours Min. |
| 1 Da | L Hellat Occupat | C I | WIDOWED | DIVORCED | Jan. 13- | 74 yrs. | |
| dur | ing most of worki | ION (Give kind of work d ng life, even if retired |) IN | ND OF BUSINESS OR DUSTRY | II. BIRTHPLACE (COL | unty & State, or foreign country) 12. C | ITIZEN OF WHAT DUNTRY? |
| | Dome | | | | Maryland | | |
| 13. | FATHER'S NAM | E | | | 14. MOTHER'S MAIDE | N NAME | |
| | В | enjamin B | ishop | | Elizab | eth Taylor | |
| 15 | WAS DECEASED E | VER IN U.S. ARMED FOR | RCES? 16. 9 | OCIAL SECURITY NO. 17. | INFORMANT | Address | |
| , re | s, no, or unkown) | (If yes give war or dates of | Service) | | Amobio Poo | to Torobo 167 | |
| - | 10 CAUSE DE | CATH (Enter only one | 001100 00-12 | | Archie Foo | te Lusby, Md. | INTERIOR DETAILED |
| | | ATH WAS CAUSED BY: | . 77 | ne for (a), (b), and (c).1 | 7. 1 7 | 7-, | INTERVAL BETWEEN ONSET AND DEATH |
| | FART I. DE | IMMEDIATE CAUSE | (a) FUL | SOTORIERAN | mejour | cov | |
| -1 | 420 | DUE 1 | ro | 10 | . / | | |
| | Cenditions, If | any, which } | (b) CEY | llivor | other | | |
| | gave rise to | Immediate (| | | | | |
| | cause (a), st underlying caus | a last | | | | | |
| 200 | | | (C) NSCONTRIBU | TING TO DEATH BUT NOT RELA | TED TO THE TERMINAL DI | SEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY |
| AT I | | | 3 | NO TO DESTINATION NELL | THE TO THE LESS MINUS DI | Serve Sommitten direm in Fuel Yah | PERFORMED? |
| FICA | 000 400 100 | WAS THEFT WING | 1 001 0 | PROPINE HOW IN THE PARTY | onen certa | hallow to Book I am Book I | YES NO |
| | OR CONTRIBUTI | WAS UNDERLYING [] NG [] CAUSE OF DEAT IFY MEDICAL EXAMIN | H 206, D | FZCKIRE HOM INJUSA OCCI | RRED. (Enter nature of | injury in Part I or Part II of item 18 | .) |
| ៊ | | | | | | | |
| 2 | | NJURY Month, Day, Y | ear 20d. IN | | CE OF INJURY (Home, far | m, 2Df. (City or town) (Cou | inty) (State) |
| | n.e ruoH p.n | | While at work | randt while and | is, an eer, wincoming, etc | | |
| 2 | | | | d the deceased from | 2/10/ 10 | 10 to 19 19 6 | that (1) (we) last |
| | - | | Lail actende | | doub control | to 7, 19 e | ho Anto etated above |
| | 22a. SIGNATUS | eased alive on | 1-17 | 1966 and that | death occurred at4 | M, from the causes and on t | ne date stated above. |
| | Lea. Company | 1100 | 1/11 | | ATTENDING | HED STAFF | 211/ |
| | the share | 100 | | M.C | PHYS. D | IRECTOR PHYS. | 1900 |
| | MAME (TY | pe) | | | 22d ADDRESS | Per luci | ~ 6 129 |
| | | | | | TTURK | 7 | |
| 23a | . BURIAL, CREM REMOVAL (Spe | ATION, 23b. DATE T | HEREOF | 23c. NAME OF CEMETERY | OR CREMATORY | 23d. LOPATION (City, town or co | unty) (State) |
| | MEMOANT (206 | 1-23- | -65 | St. John Chu | urch Cem | Lusby Marylar | nd . |
| 24 | FUNERAL DIRE | CTOR | | ADDRESS | 25a. REC' | D BY REGISTRAR 25b. REGISTRAR | 'S SIGNATURE |
| | P = 1 | 4. 54 | Prina | a Francisco | Ma Jaken | 2 4 1956 20 marla | Inda. |
| _ | 6 61 0 | cura. | TITIL | e Frederick. | -[40 DATE | .000 | The state of the s |



To represent the complete this certificate has been signed by the attending physicians in completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

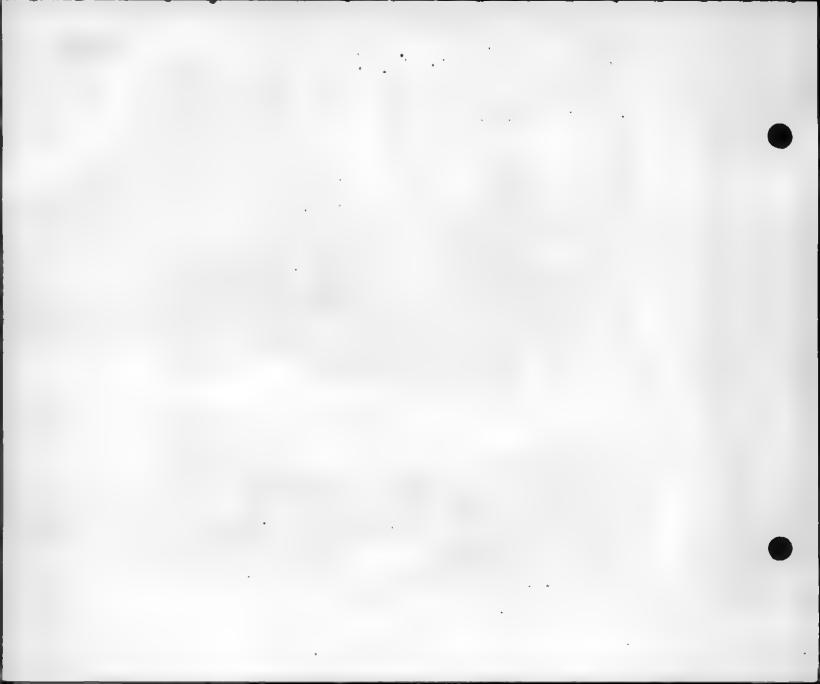
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
00506 CERTIFICATE OF DEATH

() () 19

| 1. | PLACE OF DEATI | i | | | 1 | 2. USUAL RESIDENCE | | | | ldence l | pefore admission) |
|-----------------------|-------------------------------|---|---------------|---------------------------|------------------------|--|---------------|--------------------|-------------|-----------|----------------------------|
| | a. COUNTY Calver | t | | MARYL | AND | Marylan | ıd | b. COUN | TY Cal | ver | t: |
| | b. CITY OR TOW | N (If outside corporate | limits, | c. LENGTH OF STAY | | c. CITY OR TOWN (If | | porate limits, wr | | | |
| | Princ | and give nearest town) e Frederic | k | l day | | Jewell- D | unkir | ok | | | |
| _ | | SPITAL OR INSTITUTION | | | idress) | d. STREET ADDRESS | | | | 6. | IS RESIDENCE |
| | Calve | | | | 1 | | | | | VE | ON A FARM? |
| 3. | NAME DE | First | | Middle | | Lest | 4. DATE | Month | 1 | Day | Year |
| | (Type or print) | Willi | | Atwood | For | vler | OF DEATE | | * |) i | 166 |
| 5. | SEX | | . MARRIED | - | - 1 | . DATE OF BIRTH | 9. | . AGE (In years | IF UNDER 1 | YEAR III | |
| | M | White | WIDOWED | DIVORCED | | 5/27/90 | | iast Sirthdey) | Months E | ays | Hours Min. |
| 108 | USUAL OCCUPAT | 10N (Give kind of work do ing life, even if retired) | пе 10b. K | IND OF BUSINESS OR | | 11. BIRTHPLACE (C | ounty & State | |) 12. CIT | IZEN O | F WHAT |
| | 707 | | | rmine | | Maryl | and | | | U.S | . A . |
| 13. | . FATHER'S NAM | E | | - | | 14. MOTHER'S MAIL | EN NAME | | | | |
| | [[]] | T07 | | | | Madora | King | | | | |
| | . WAS DECEASED | EVER IN U.S. ARMED FOR | | SOCIAL SECURITY NO. | . 17. | INFORMANT | | Addre | \$8 | | |
| (10 | No. | (11) as disc war of pages of s | 57 | 19-48-9978 | 7 | Nettie L. | Fowl | er.Jewe | 11-D | unk | irk |
| | 18. CAUSE DF | DEATH [Enter only one | cause per l | ine for (a), (b), and (c) |),1 | 0 / | 1 | | | INTER | VAL BETWEEN T AND DEATH |
| | PART I. DE | ATH WAS CAUSED BY: IMMEDIATE CAUSE (a | Mu | socarde | al | March | 100 | / | | DNSE | I AND DEATH |
| | 7301 | DUE TO | // | | | 7 | | - | | | |
| H | Conditions, if | | | | | l' | | | | | |
| П | gave rise to cause (a), s | Immediate (| | | | | - | | | | |
| | underlying caus | rariiig tilo | | | | | | | | | |
| Š | PART IL OTHER | SIGNIFICANT CONDITION | | TING TO DEATH BUT N | OTRELA | TED TO THE TERMINAL O | DISEASE CON | DITION GIVEN IN | PART 1(a) | 19. | WAS AUTOPSY PERFORMED % |
| CAI | | | | | | | | | | YES | |
| MEDICAL CERTIFICATION | 20a, ACCIDENT OR CONTRIBUT | WAS UNDERLYING CHING CAUSE OF DEATH | 20b. I | DESCRIBE HOW INJUR | Y OCCU | RRED. (Enter nature of | f Injury in P | art I or Part II o | f Item 18.) | | |
| 3 | | | | | | | | | | | |
| ICA | 20c. TIME OF Hour a.s | (NJURY Month, Day, Ye | 1 | | | CE OF INJURY (Home, fa y, street, office bidg., e | | (City or town) | (Coun | ty) | (State) |
| ME | p.1 | | While at work | Not While | | | | | | | |
| | 21. I certif | y that (1) (this hospit | al) attend | | | 1-10-1 | 960, to | | | , | t (I) (we) last |
| | | ceased alive on | 17 | 19 <i>66</i> , a | nd that | death occurred at2 | 77. M., fr | om the causes | | | |
| | 22a. SIGNATU | RE MILLOCA | do | 20/ | | ATTENDING - | W(FD | STAFF - | 22b. DA | TE S(GI | NED . |
| | | George Wee | ms | - / | M.D | PHYS. | DIRECTOR | PHYS. | 14 | 166 | , |
| | 22c. PHYSICIA NAME (T) | ype) | | | | 22d. ADDRESS | | ml | | | |
| | | | | 1 00 | 1 A 10-10 111 11 1 1 1 | Huntin | | | | - An at | 494 - A = \ |
| 23a | BURIAL, CREN | | EREUF | 23c. NAME OF CE | METERY | OR CREMATORY | 230. 1 | OCATION (City, to | own or cour | 19) | (State) |
| 24 | Jurial DIRE | CTOR Jan. 7, 1 | 766 | ADDRESS | 3,000 | ref language | D'D BY REGI | ISTRAR (25b. R | EGISTRAR'S | SIGNE | TURE |
| 1 | 1 A V | | 1. | Mutters | 13 | Y JAN | | A 193 | edigiran 3 | CI | TOTAL |
| 1 | 1.17.18 | REPERSIT | YAR. | 1-ork Irap | ufle | 4774. DATE IV | | 966 // | 10-5 | 1 1 2 2 2 | 192 |

VR A15 (4) 15M 4-64





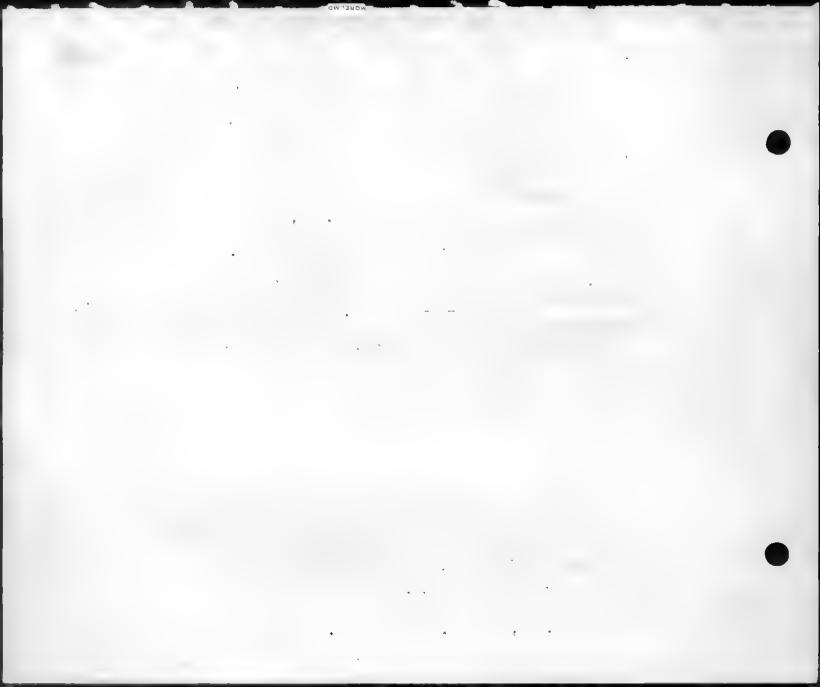
4 17

O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 and director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. used as a burial-transit permit. File pages, Pard 2 with the State Bepartment to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MED please execut.

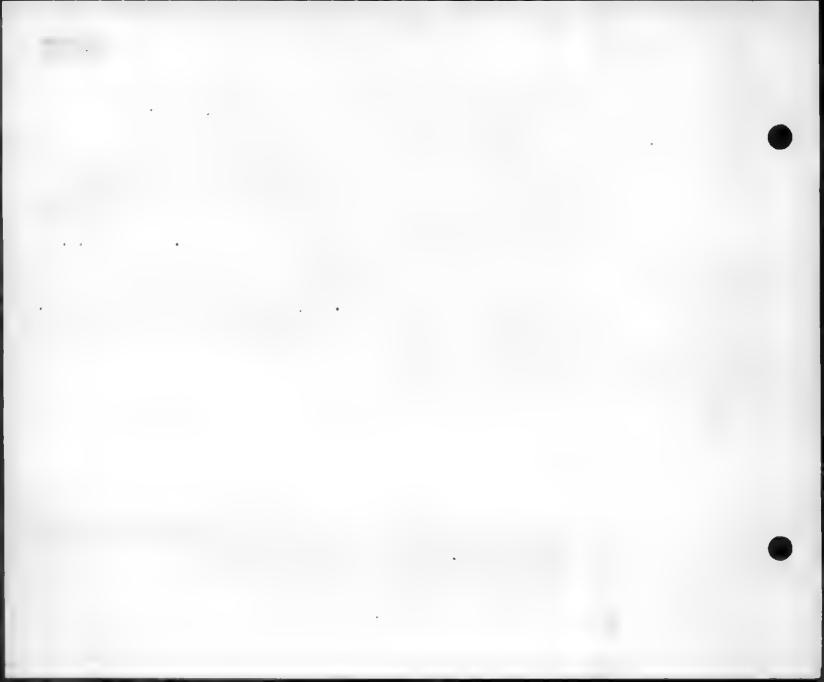
TO FUNERAL DIRECTOR: Page 3 should be of Health or its designated agent, prior VR. AI 5ME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND AAFAO

| | _00000 | IVI | EDIGAL | EXAMINER'S | CERTIFICAL | E UF DEATH | | HEAR | } |
|-----------------------|------------------------------|--|------------------|-------------------------------------|---|--------------------------|---------------------|-----------------|---------------------|
| 1. | PLACE OF DEAT | Н | | | 2. USUAL RESIDENC | E (Where deceased lived, | If Institution: R | esidence before | edmission |
| | a. COUNTY | Calvert | | | a. STATE Ma | ryland b. | COUNTY Ca | lvert | |
| - | h CITY OF TOW | | sto Healto | MARYLAND c. LENGTH OF STAY IN 1b | | • | | | |
| | write RURAL | N (If outside corpore and give nearest toy | MII) | C. LENGIN OF SIAT IN 10 | | outside corporate lim | IS, WITH RURAL | SIAR IICS | rest town, |
| _ | North | Mr. Beach | | 15 years | | Beach | 1 | , | |
| | d. NAME OF HO | SPITAL OR INSTITUTION | ON (if not in he | ospital, give street address) | d. STREET ADDRESS | | | 6. IS P | ESIDENCE A FARM? |
| _ | Sk | exchange of | rkaa | | | | | YES | No 🔼 |
| 3. | NAME OF OECEASEO | F | irst | Middle | Last | 4. DATE OF | Month | Day | Year |
| | (Type or print) | Li | nwood | C. | German | OEATH ' | 1 | 13 1 | 9 66 |
| 5. | SEX | 6. COLOR OR RACE | | | B. DATE OF BIRTH | 9. AGE (In | years IF UNDER | | |
| | ma1 a | walls do as | WIDOWED | | Dec. 10,190 | | nday) Months | Days Hou | rs Min. |
| 10 | male | White IDN (Give kind of work | rdone 10h W | IND OF BUSINESS OR | | tate or foreign country | YTS. | TIZEN OF WH | IAT |
| đũ | ring most of work | ing life, even if retire | ed) IN | NDUSTRY | 11. OIKIIIFERGE (S | tata of totalibi countil | CO | DUNTRY? | N-1 |
| | Realtor | | Rea | l Estate | Sterling, | | UU | SA | |
| 13 | . FATHER'S NAM | IE | | | 14. MDTHER'S MAIL | | | | |
| 4 | | R. German | | | Clara V. | Beal1 | | | |
| 15 | S. WAS DECEASED | EVER IN U.S. ARMED FI | ad a last | | INFORMANT | 1520 C | Address hillum] | Dond | |
| 1 | no | (1) Les flue was of freez | 57 | 7-14-0291 Mr | s. Vera Wri | ght Hvatts | ville. | Marvla | nd |
| = | L 18 CAUSE DE | DEATH JEnter only or | na Causa ner II | ne for (a), (b), end (c).] | · · · · · · · · · · · · · · · · · · · | 3 | | INTERVAL | |
| | 1 | EATH WAS CAUSED BY | | sive spontaneo | ue intro-co | robrol bomos | erchaga | ONSET AN | |
| | 201 | IMMEDIATE CAUSE | (a) Plas | sive spontaneo | us Incla-ce. | reprar Hello | Luage | | |
| | - On / 3 | DUE | TO | | | | | | |
| | Conditions, if | | (b) | | | | | | |
| | geve rise to ceuse (a), s | Date of the last o | TO OT | | | | | | |
| | underlying caus | | (c) | | | | | | |
| Z | PART II. OTHER S | SIGNIFICANT CONDITI | | ITING TO DEATH BUT NOT REL | ATED TO THE TERMINAL (| SEASE CONDITION GIV | EN IN PART 1(a) | | AUTDPSY |
| Ě | | | | | | | | YES X | ORMED? |
| 15 | 204 EVYERNA | CAUCE WAS | 20b. D | DESCRIBE HOW INJURY OCC | UDDED (Fotos a dura a | Jaluary In Doct I or Do | rt II of Itam 10 | - | NO I |
| RTI | 20a. EXTERNA PRIMARY ☐ or | CONTRIBUTING | 200. | SESCRIBE HOW INJURY DOG | OKKED. (EIILEI HALDIE O | mijury in Fait 1 of Fa | t ii oi item xo. | , | |
| 뭥 | I | | | | | | | | |
| CAL | | INJURY Month, Day, | | NJURY OCCURRED 20e. PL | ACE OF INJURY (Home, fa ory, street, office bidg., e | rm, 20f. (City or to | wn) (Cou | nty) | (State) |
| MEDICAL CERTIFICATION | Hour a.r | | While at work | MOT WILLS | ory, street, orrest oragi, o | | | | |
| | 21. I certify | y that I took charg | e of the rem | ains described above, he | eld an Autopsy 🐹 , | Inspection, | Inquiry [], | and in m | ıy opinloı |
| | death result | ed from: Natura | l causes x | , Accident , Su | ricide , Homici | de 🔲, Undetern | nined manner | | |
| | | - | | | CHIEF MEDICA | L EXAMINER | | | |
| | ACTUAL SIGNATURE | Merry | 45 | · ^ (| M.D. ASSISTANT ME | DICAL EXAMINER X | | 22. DAT | E SIGNED |
| | EMAININE DA | 77 | / | | DEPUTY MEDIC | AL EXAMINER | | 1/14/6 | 66 |
| | EXAMINER'S NAME (Type) | Werner | U. Spare | tz, M.D. | Address (Stree | t, city, town, or county |) | | |
| 23 | a. BURIAL, CREM | ATION, 23b. DATE | THEREDF | 23c. NAME OF CEMETER | Y OR CREMATORY | 23d, LOCATION (C | Ity, town or cor | inty) | (State) |
| 1 | REMOVAL (Spo Burial | | 7.1966 | M4 November | Oh | Owings, | Мат | ryland | |
| 24 | | CTOR 7 | 11300 | Mt. Harmony (| Chr. Cemote | B BY REGISTRAR 25 | b. REGISTRAR' | S SIGNATURE | |
| 1 | 11:71 | . 5 | 111 | | 4.4.41 | 1.9 1000 | 3 2/ 2/20 | , Judge | - |
| 1/ | VILLUMI | us I usua | 1 / Vom | COwings, Man | rviand Mill | 17 1355 1 | V | 1 1 | - |



15M 4-64



exemited mitmin 24 hours after meath.

| | MARYLAND STATE DEPARTMENT OF HEALTH | |
|----------------|--|---------------------------------------|
| DIVISION OF | F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M. | ARYLAND |
| 00510 | CERTIFICATE OF DEATH | 0050 |
| DIACE OF DEATH | | · · · · · · · · · · · · · · · · · · · |

| 13 | 1 | PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) |
|----|---------------|---|--|
| - | - | Calvert | a. STATE Maryland b. COUNTE alvert |
| | | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| | | Prince Frederick, Md 7 days | Owings, Maryland |
| | | d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street eddress) | d. STREET AOORESS 9. IS RESIDENCE ON A FARM? |
| 1 | | Calvert County Hospital | YES NO |
| 8 | 3. | NAME DF First Middle DECEASED Priscilla | Hurley OF 1 1 1 1 1 66 |
| | 5 | (1) be of bruit) | 15 |
| | F | emale Negro Wiooweo X OIVORCED | 8. OATE OF BIRTH 3/14/84 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Months Oays Hours Min. Min. |
| | 10a dur | . USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR ling most of working life, even if retired) | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | | House Wife | Maryland U.S |
| | 13, | | 14. MOTHER'S MAIOEN NAME |
| | | Charles Hurley | Sarah Jones |
| | 15. (Ye | S. 80. or unknown) [[] f vos nive war or dates of service) | INFORMANT Address |
| | | | Sarah Claggett Owings, Marvland |
| | | 18. CAUSE DF DEATH [Enter only one cause per line for, (a), (b), and, (c).] | Y 7 INTERVAL BETWEEN ONSET AND OBATH |
| | | PART I. CEATH WAS CAUSED BY: LEMBER 9 | Misuhaus 8 days |
| | | 4221 OUE TO | ord Orthon |
| | | Conditions, if eny, which gave rise to immediate (b) A elecantele | actual (a) ancie |
| | | ceuse (a), stating the OUE TO | |
| | z | underlying cause last.) (c) (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY |
| _ | CERTIFICATION | | TED TO THE TERMINAL DISEASE CONDITION GIVEN TO PART 1(a) PERFORMED? YES NO |
| | CERTIF | 20a. ACCIDENT WAS UNDERLYING (COUNTRIBUTING COUNTRIBUTING | JRREO. (Enter nature of injury in Pert I or Part II of Item 18.) |
| | 됭 | | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) |
| | MEDICAL | Hour a.m. While Not While p.m. 19 at work at work | ry, street, office bldg., etc.) |
| | ~ | 21. I certify that (I) (this hospital) attended the deceased from | 1965 to / / 1966 that (1) (we) last |
| | | saw the deceased alive on 1966 and that | t death occurred at 2 4 M, from the causes and on the date stated above. |
| | | 22a. SIGNATURE | 22b. OATE SIGNEO |
| | | 1679/12/13/X/ M.O | |
| | | 22cl PHYSICIAN'S NAME (Type) | 22d. AOORESS |
| | | Die Lage sect | Prince Frederick, Maryland |
| | 23a | BUNIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY | |
| | 24 | FUNERAL DIRECTOR ADDRESS ADDRESS | SchurchCem Sunderland |
| | 24. | | 61.5 |
| 1 | | YES SULLEY STUNCE TROOP A | DATE LARY A TOCK TO THE TOTAL OF THE PARTY O |

VR A15 (4) 15M 4-64

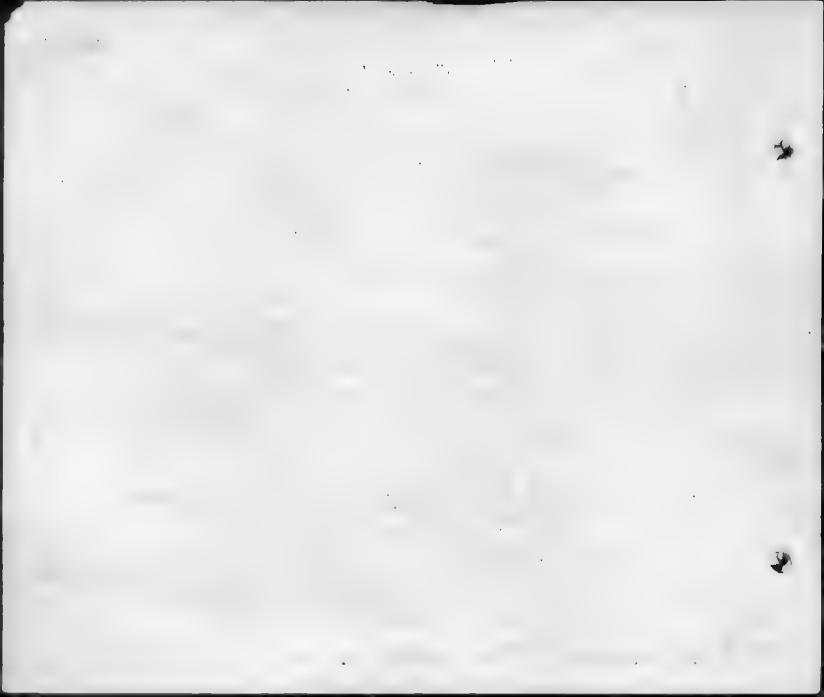
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then proceding remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the duath curtificate be Page 4 may be retained by the hospital or attending physician.



Division of STATISTICAL RESEARCH AND RECO 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND TUSUAL BESTER 64 decesed lived, if instrution I. PLACE OF BEATH files. MARYLAND LENGTH OF STAY IN 16 . IS RESIDENCE TION (if not in hospitel, give real eddress ON A FARM? YES NO Day 4. DATE Month Y 007 OF DEATH 19. AGE (In yours HE UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MAKRIED last birthdey) Months W.DOWED [DIFORCED VES. 1Da. USUAL OCCUPATION (Give kind of work State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Doroth//Thomas ... man nuth herma dicks 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO 17 INFORMANT in pencil in Item 18. (Yes, no, or unkown) , (Ifyes give wer or detes of service) owings- Md. Jacks James Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one care per line for (s), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO P used as a bu geve rise to immediate causa DUE TO [Baminer (e), steting the underlying pesn TO THE TERMINAL DISEASE SIGNIFICANT CONDITIONS Mal 19. WAS AUTOPSY PERFORMED 8 burial, Medical D 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURED (Enter neture of njury in Pay) PRIMARY IN OF CONTRIBUTING CAUSE OF DEATH. 0 -Ès Chief / the Cmi 20d INJURY OCCURRED 20s. LLCE OF INJURY (Home, ferm, BOY Lity or lown) 20c TIME OF INJURY While Not White al work at work OR: please exect. The certificate 4 should be forwarded to the FUNERAL DIRECTOR:
-Health or its designated age. 21 I certify that I took charge of the remains described above, he d an Autopsy | nspection Inquiry and in my opinion Accident Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNAL SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, lown, or county) 220 BUR AL CREMATION. 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or country) (Steta) REMOVAL (Specify) .Hope Church Cem Md ₀ Sunderland 23. FUNERAL D RECTOR 248 REC'D BY REGISTRAR I 246 REGISTRAR'S SIGNATURE VR A15ME Princa rederick-Md. 5M 1/62

MARYLAND STATE DEPARTMENT OF HEALTH

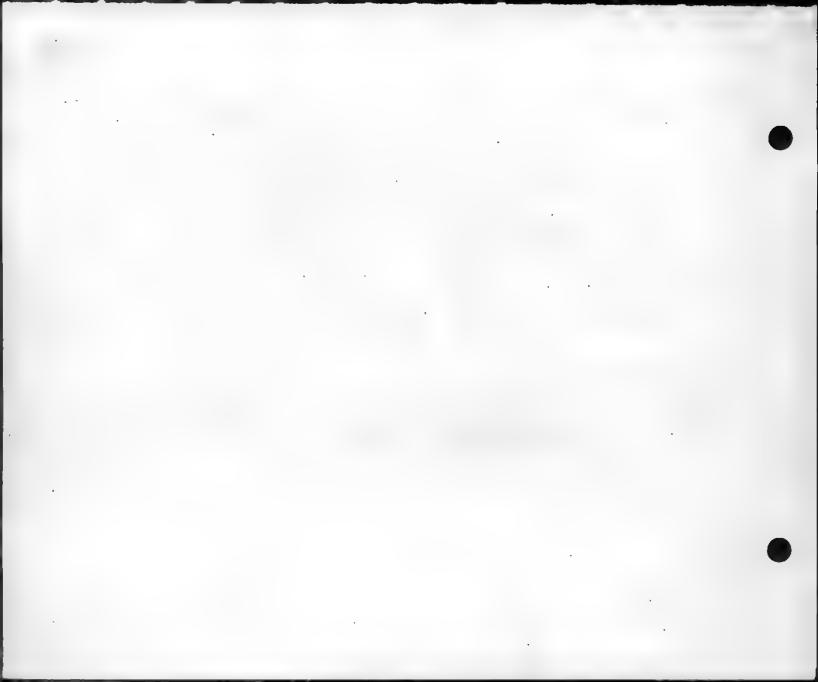


FUR STATE HEALTH DEPT.

Department after death irs after death. If any defay lis. Give Pages 1, 2, and 3 to along with form PM3. Page State hours event hours EXAMINER: This certificate should be executed within 24 hours are certificate, writing the word "pending" in pencil in Item 1 should be forwarded to the Chief Medical Examiner's Office a File burial-transit fü for your Page DEPUTY ME director. retained

00512 MEDICAL EXAMINER'S CERTIFICATE DEATH (Where decresed lived, If institution; Residence before admission) PLACE OF DEATH e. STATE b. COUNTY MARYLAND by OR TOWN tit outside conserve timits, OR TOWN (If outside corporate limite fulls RURAL and give negrest town) c. LENGTH OF STAY IN 1b c. CITY d. NAME OF HOSPITATOR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? NO YES Middle NAME OF Lest DATE Month Year DECEASED 0F (Type or print) DEATH 19 FE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OF RACE DATE/OF BIRTH 7. MARRIED NEVER MARRIED st-birthdey) Months WICOWEO 10a. USUALIOCCUPATION (Give kind of work done during most of working life, even in retired) 10b. KUND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? any pages in any MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES.
(Yes, no, or unknown) (If yes five) army dates of service) Address permit. removal, 18. CAUSE OF DEATH [Enter only one cause INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: 5 IMMEDIATE CAUSE (8) cremation, OUE TO Conditions, if any, which (b) gave rise to immediate **OUE TO** (a), stating COUSO underlying cause last. used as to burial, PART II OTHER SIGNIFICANT EMPLY WAS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY CERTIFICATION PERFORMED? YES 20a. EXTERNAL CAUSE WAS PRIMARY THE CONTRIBUTING CAUSE OF LEATH. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Pert 11 of Item 18.) 8 3 should tagent, price WEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED OF INJURY (Home, farm, 120e, PLACE (City or factory, street, office bldg., etc.) Hour While Not While CTOR: Page . designated a at work at work charge of the remains described above. and in my opinion FUNERAL DIRECTOR: I Health or its design Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED **OFPUTY MEDICAL EXAMINER EXAMINER'S** NAME (XVDe) Address (Street, city, town. GURIAL CREMATION REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY (State)-2 23b. OATE THEREOF LOCATION (City, town or county) 0 0 riel REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR VR ALSME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEA Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH completely filled in by the funeral ve carbon papers. Pages 1 and 2 event, within 72 hours after death. hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY 1UEN MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) REG d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address ADDRESS IS RESIDENCE d. STREET ON A FARM? NO N executed within 3. NAME OF Middle DATE Day Year Last 4. DECEASED OF DEATH 9 (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 8. 9. remove NEVER MARRIED last birthday) Months lease remove Devs Hours and WIDOWED DIVORCED 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) INDUSTRY COUNTRY? Fublic NAL (1517) The law requires that the death certificate 0 removaí, 13. BATHER'S NAME MOTHER'S MAIDEN NAME attending phermit. Then p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been migmed by the attent the burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) YES JOHN O.KOEGEL SAME AS ABOYE CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. **DUE TD** en makeralis D. V. Conditions, if any, which gave rise to immediate as the l DUE TO (a), stating underlying cause last. certificat has (c) r this certificat and detached for use a te Dept. of Health p CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES [ND PHYSICIAN: 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, (County) (State) 20d. INJURY OCCURRED 20f. (City or town) be de State factory, street, office bldg., etc.) Hour a.m. While Not While director, page 3 should be d should be d should be filed with the State be retained by ATTENDING p.m. 19 at work et work 1963 to JAA 21. I certify that (I) (this hospital) attended the deceased from makely 196-6 that (I) (we) last and that death occurred at LOM, from the causes and on the date stated above. saw the deceased alive on SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR Page 4 may PHYSICIAN'S 22d. ADORESS NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23c. 23d. LOCATION (City, town or county)/ (State) REMOVAL (Specify) 966 BURLAL EPISCOPA -GEORGE VALLEY LEE FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE W. CLARKE MATTINGLEY VR A15 (4) LEONARDTOWN. MARYLAND 15M 4-64

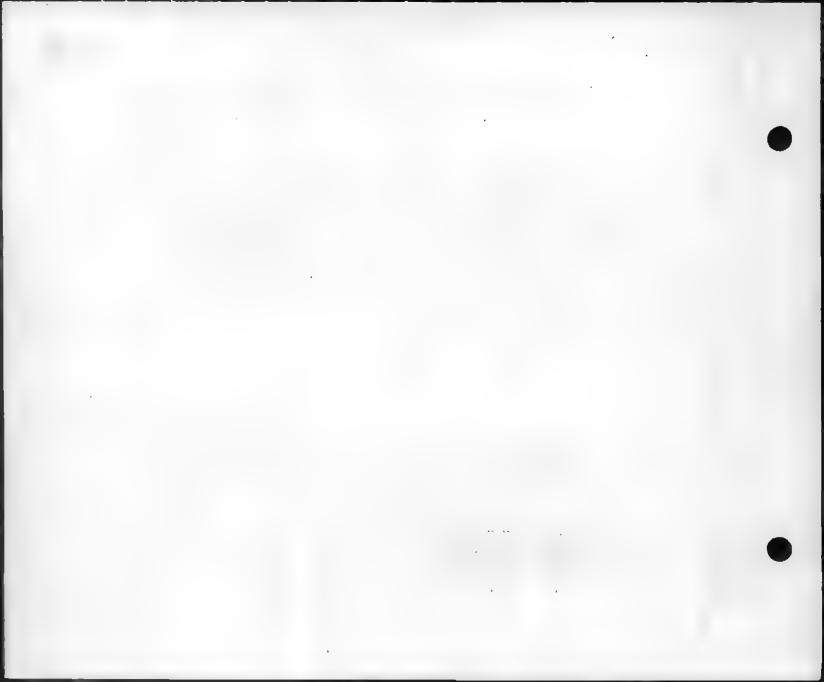


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remover, and or not event, within 72 hours after death. 24 hours after death. ■ ■■■ TITAL ■ ATTENBING PHYBICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

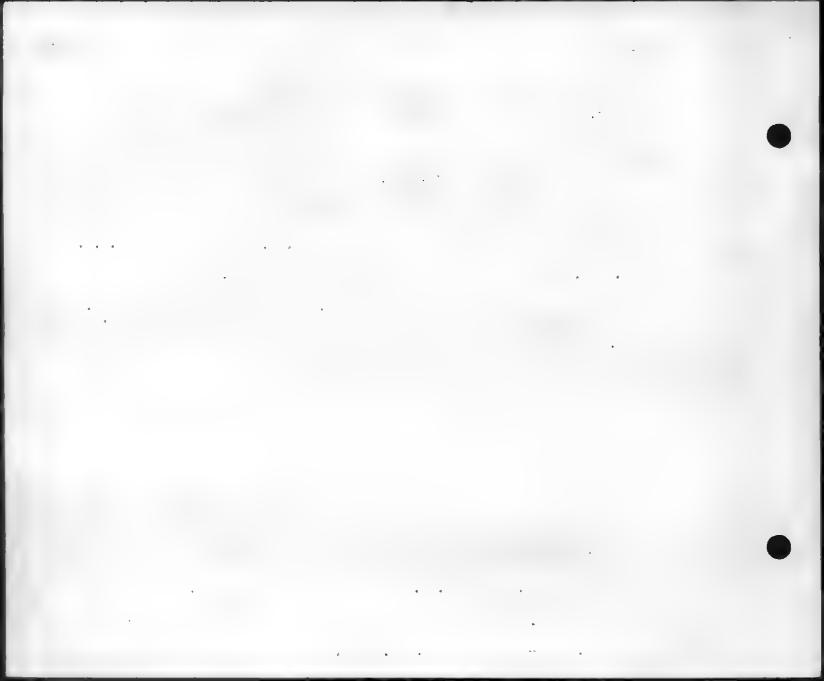
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| _ | 00514 | | | CERTIFIC | ATI | E OF DEATH | 1 | | | () U | |) | |
|--|---|--|-----------------------------------|-----------------------------|--------------------|--|----------------------|---------------------------|-----------------|----------|-----------------------|------------------|--|
| 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence by COUNTY) | | | | | | | | | | | | dmission) | |
| | | | | | a. STATE b. COUNTY | | | | | | | | |
| \vdash | Calvert MARYLAND b. CITY OR TOWN (if outside corporate limits, c, LENGTH OF STAY IN 1) | | | | | Maryland Galvert c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | | |
| | write RURAL and give nearest town) | | | | 11 20 | i i i | | | | | io ticoto | at torring | |
| _ | Prince | Frederic | rick, Md. L day | | | Owings, Maryland | | | | , | | | |
| П | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | | | | | d. STREET ADDRESS | | | | 6 | ON A | SIDENCE FARM? | |
| | Calver | t County | Hospital | | | | | | | 1 | ES X | NO 🗌 | |
| 3. | NAME OF First | | | Middle | | Last | 4. DATE | TE Month | | Day Year | | ar | |
| | (Type or print) | Lo | retta | Esmarila | | Marquess | OF DEATH | 1. | | 5 | 19 | 66 | |
| 5. | SEX | 6. COLOR OR RA | | NEVER MARRIED | 7 8 | B. DATE OF BIRTH | 9. | AGE (In years) | IF UNDER | | | | |
| 120 | emale | White | WIDOWED | | | 9/24/97 | | Jast birthday) | Months | Days | Hours | Mln. | |
| 10 | a. USUAL OCCUPAT | ION (Give kind of w | ork done : 10b. J | KIND OF BUSINESS OR | | 11. BIRTHPLACE (C | ounty & State. | 313, | 12. CI | TIZEN | OF WHA | T | |
| | | ing life, even if re | tired) | 1 | | | | COUNTRY? | | | | | |
| 13 | Housewife B. FATHER'S NAM | É | | Maryland / | | | | 1. 3. /1. | | | | | |
| A " | | | | Cassie Ann Stinnett | | | | | | | | | |
| _ | William | | | | | | inn Sti | | | | | | |
| I Q | o, WAS DECEASED es, no, or unkown) | EVER IN U.S. ARMEL (If yes give war or da | D FORCES? 16 tes of service) | SOCIAL SECURITY NO. | 17. | INFORMANT | | Addres | S | | | | |
| | no | | | | F | Patient | | in w | nes | 7 | ma | , | |
| - | 18. CAUSE OF | DEATH [Enter only | one cause per | line for (a), (b), and (c). | 1 | | | | 7 | | RVAL BE | | |
| П | PART I. DEATH WAS CAUSED BY: Cor onary Occlusion | | | | | | | | ONSET AND DEATH | | | | |
| | 260 | 1/ | | | | | | | | | | 7 4 | |
| 1 | Conditions, if | | UE TO | Coronary | Ins | ufficiency | | | | 2 | wks. | • | |
| | gave rise to | Immediate (| (b) | | | | | | | | | | |
| | causa (a), s | Terring City | OT 3U | Diabetes | | | | | | Set | rera | l Yrs | |
| ΙĘ | | nderlying cause last.) (c) DIAGGE GOOD ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN | | | | | | ART1(a) 19. WAS AUTOPSY | | | | | |
| ₽ E | PARTITION DE | TOMITICALL COMP | HIOMS CONTRIB | OTING TO DEATH BUT NO | IKELA | IED TO THE TERMINALI | DISCASE COM | DITIONGIVENTAL | AKI I(a) | | PERFOR | RMED? | |
| E S | | | | | | | | | | YE | s 🔲 | ио 🗌 | |
| MEDICAL CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | | | | | | | |
| 12 | | | | Mulay Coolingen Loo | | | | | - 10 | | | 04-1-1 | |
| 13 | Hour a. | INJURY Month, Da | ay, Year 200. While | | e. PLAC | CE OF INJURY (Home, fa ry, street, office bidg., e | arm, 201. · etc.) | (City or town) | (Cou | nty) | (| State) | |
| 層 | р, | | | k at work | | | | | | | | | |
| П | 21. I certif | y that (I) (this h | ospital) attend | led the deceased from | m | 1952 1 | 9, to_ | 1-5-66 | 19 | th | at (I) (| we) last | |
| saw the deceased alive on 1-5-66 19 , and that death occurred at 8:50M, from the causes and on the date st | | | | | | | | | | | ne date stated above. | | |
| | | | | | | | | | | | | | |
| | M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 1/7/66 | | | | | | | | | | | | |
| | 22c. PHYSICIAN'S 22d. ADDRESS | | | | | | | | | | | | |
| _ | | · Dr. ra | ge C. Je | tt | | PI | Tuce ! | Legelick | , Mar | ATG | IIQ. | | |
| 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) | | | | | | | | | | | | | |
| Bureal Jan 8, 1966 Ms Harmony (Million William Go) Will | | | | | | | | | | | | | |
| 24 | 4. FUNERAL DIRE | CTOR | 0 1 | ADDRESS. | | 25a. RE | C'D BY REGIS | STRAR 25b. RE | GISTRAR' | S SIGN | ATURE | | |
| 1 | Hutch | ins Tus | unal / | ome Whis | il. | MAN DADIAN | 12 18 | 966 ACC | ion, la | 1 Ju | dge | | |

VR A15 (4) 15M 4-64



| 1 | Item 18 Film G373 2/4 MARYLAND STATE DIVISION OF STATISTICAL RESEARCH AND RECOR | DEPARTMENT OF HEALTH |
|--|--|---|
| 1/1/2 | DIVIDION OF OTHER PROPERTY AND INCOME. | RDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ATE OF DEATH |
| hours after death. ed in by the funeral ers. Pages 1 and 2 2 hours after fleath | PLACE OF DEATH a. COUNTY Calvert | 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission a. STATE b. COUNTY Calvert 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town |
| 24 hour liled in apers. I 72 hou | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre | ON A FARM? |
| y f | Calvert county Hospital | YES NO & |
| within pleter arborut, wi | 3. NAME OF First Middle DECEASED (Type or print) Kellie Augusta | Lest 4. DATE Month Day Year OF DEATH 1 24 19 66 |
| executed within and completely remove carbon any event, with | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR INFUNDER 24 HS last birthday) Months Days Hours Min |
| be exercized and in an in an | Female WILL WIDOWED DIVORCED DIVORCED ON COMPATION (Give kind of work done during most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| the period of th | house&ife | D. C. U.S.A. |
| ndire physical property of removal, | John P. Taylor | Catherine C. Taylor |
| ath ce attend imit. n, or r | (Yes, no, or unknown) 1(If yes give war or dates of service) | 17. INFORMANT Address John F. Lanham 2505 Afton St., Hillcre |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Therefore remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O 2 2 X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) | Heights, Md Interval Between ONSET AND DEATH ONSET AND DEATH |
| The law I or atter cate has or use as lealth pri | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTE | PERFORMED? YES NO |
| PHYSICIAN: The the hospital or a this certified for usidetached for usite Dept. of Health | | OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) |
| NG PHY by the fter this be deta State De | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a.m. While Not While at work at work at work in the state of the s | PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street office bidg., etc.) |
| HOSPITAL OR ATTENDING age 4 may be retained by FUNERAL DIRECTOR. After irector, page 3 should be nould be filed with the State | 21. I certify that (I) (this hospital attended the deceased from saw the deceased alive on 19/2/2, and 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) George J. Weems. M. D. 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME | that death occurred at M. from the causes and on the date stated above M.D. ATTENDING MED. STAFF OIRECTOR PHYS. DATE SIGNED 22d. ADDRESS Huntingtown, Md. |
| de crande | OCOLEGO O WESTING DA | |
| TO HOSF Page 4 TO FUNE directo | Burial Jan. 26th-66 Cedar Hill | Cemetery Suitland, Maryland |
| VR A15 (4) | 24. FUNERAL DIRECTOR BOOK. ADDRESS Simmons Bros. 1661- Good Hope Rd. SE. W | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| 15M 4-64 | | DATE TO TOO TO |



funeral and 2 and 2 death. after death. after the Pal hours filled in executed within completely ■ Ve and physician eas certificate, be a attending ph ermit. The death PHYSICIAN: The law requires that the or attending physician.

ve carbon papers. Pal event, within 72 hours in any and removal. 0 been signed by the att the burial-tramsit mermi or to burial, cremation, o as the b Wher this certificate has be detached for use as State Dept. of Health prio retained by the hospital After this should the O FUNERAL DIRECTOR: 3 sho þe page : 4 may TO HOSPITAL director, p should be 1 Page

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH PLACE OF DEATH b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hos

| 1, | PLACE OF DEAT a. COUNTY | Н | | | 2. USUAL RESIDENCE | E (Where dece | eased lived, If Institution: | Residence before a | idm(ssion) |
|------------|-----------------------------------|--|-----------------|-------------------------------------|-----------------------|-----------------|-----------------------------------|--------------------|------------------|
| | Calver | L | | Many aug | a. STATE | - 1 | b. COUNTY | | |
| - | b. CITY OR TOW | VN (if outside corpora and give nearest tow | te limits, | MARYLAND c. LENGTH OF STAY IN 1b | Marylar | Outside corp | Calve Orate Nimits, write RURA | L and give neare | st town) |
| | WITE RURAL | and give nearest tow | n) | | | | | | |
| _ | Prince | Prederic | k | 7 pspital, give street address) | d. STREET ADDRESS | epubli | C | 1 1 1 m | |
| | O. MANIE OF HE | SPITAL OR INSTITUTIO | M (II not in no | ospital, give street address) | d. STREET ADDRESS | | | e. IS RES | SIDENCE FARM? |
| | Calver | t County | Hospit | tal | | | | YES | |
| 3. | NAME DF DECFASED | | rst | Middle | Last | 4. DATE | Month | Day Ye | ear |
| | (Type or print) | Sus | | Elizabeth | Rice | DEATH | Jan. | 10 19 | 66 |
| 5. | SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH | 9. | AGE (In years IF UNDER | | |
| | F | Negro | WIDOWED | DIVORCED | 4-22-07 | | last birthday) Months | Days Hours | Min. |
| 10a dur | I. USUAL OCCUPATING MOST OF WORLD | TION (Give kind of work ling life, even if retire | done 10b. KI | ND OF BUSINESS OR | 11. BIRTHPLACE (CO | unty & State, o | or foreign country) 12. C | ITIZEN OF WHAT | 1 |
| | Housele FATHER'S NAM | | " | 1001111 | Calvert | Count | | OUNIKTI | |
| 13. | FATHER'S NAM | ME | | | 14. MOTHER'S MAID | | 0 9 | | |
| | พำไไว่ร | m Golder | | | Rober | rta Br | vedv | | |
| 15 | . WAS DECEASED | EVER IN U.S. ARMED FO (If yes give war or dates o | RCES? 16. S | SOCIAL SECURITY NO. 17. | INFORMANT | 000 222 | Address | | |
| (16 | 20 ton at fathrowith | CIL LES ALSE MIL SE STEER B | (Service) | Т. | ohn T Ri | a P | ort Republ | ic Md | |
| - 1 | 18 CALISE DE | DEATH (Enter only on | a cauca nor li | ne for (a), (b), and (a) | OTHE TO TEXT | 70 1 | or o mopusi | | |
| - 1 | | EATH WAS CAUSED BY | | 2 (3), (0), | | u | 5 | ONSET AND | |
| | | IMMEDIATE CAUSE | (a) | anume | , | | \sim | | |
| - 1 | 2001 | DUE | TO De | . / | | 11 | 1 wall | Mean | _ |
| ł | Cenditions, If | | (b) | myboares | ne an a | meeste | 1 week | | |
| | cause (a), s | 0.11= | TO / | | | | | | |
| | underlying caus | | (c) | | | | | | |
| TION | PART II. OTHER | SIGNIFICANT CONDITIO | NS CONTRIBUT | TING TO DEATH BUT NOT RELA | TED TO THE TERMINAL D | ISEASE COND | ITION GIVÊN IN PART 1(a) | 19. WAS AU | JTOPSY |
| - | | | | | | | | PEDECID | AMED? |

DUE TO Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE YES [

DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of item 18.)

20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year

20d. INJURY OCCURRED Not While at work

120e, PLACE OF INJURY/Home, farm. factory, street, office bldg., etc.)

ATTENDING PHYS.

ADDRESS

22d.

20f. (City or town)

(County)

(State)

NO [

p.m. at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive

and that death occurred at.

M.p.

Brooks Churck Cem

that (I) (we) last M, from the causes and on the date stated above. 22b. DATE SIGNED

22c. PHYSICIAN'S NAME (Type)

22a. SIGNATURE

Hour a.m.

MEDICAL

23b.

DATE THEREDE

1-15-66

NAME OF CEMETERY OR CREMATORY

Mutua]

STAFF PHYS.

LOCATION (City, town or county)

(State)

FUNERAL DIRECTOR

BERIAL, CREMATION, REMDVAL (Specify)

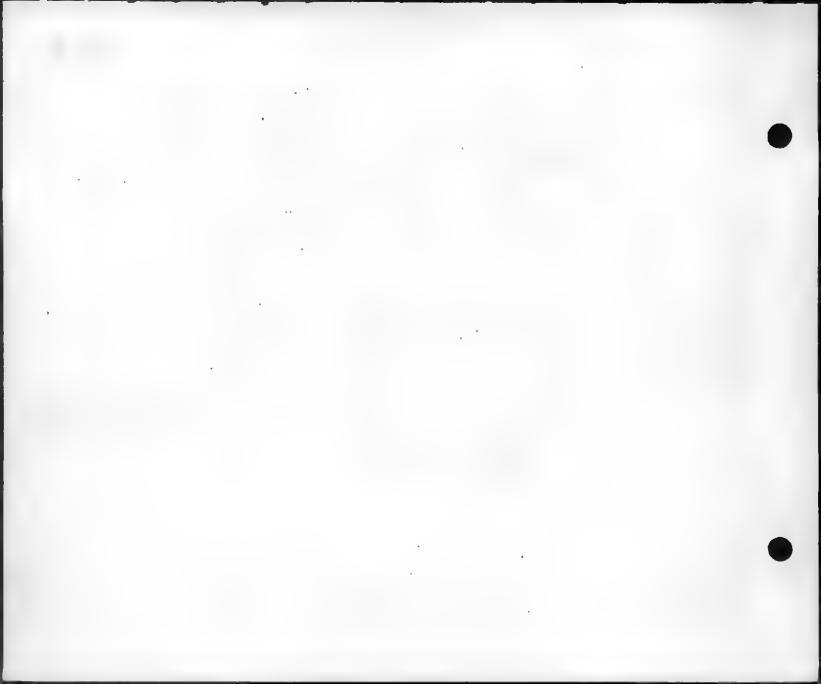
ADDRESS

REC'D BY REGISTRAR 25b.

DIRECTOR

REGISTRAR'S SIGNATURE

VR A15 (4) 1/65



Division of STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Item #4 Film #63/3 66 DC USUAL RESIDENCE IWho . d . PLACE OF DEATH ad his dig institution. Residence before ad b. COUNTY alvert e. COUNTY Calvert MARYLAND Maryland b. CITY OR TOWN if outside corporate fimits, c. CITY OR TOWN (I outside corporate limits, write RURAL and give near st town e. LENGTH OF STAY N 16 write RURAL and give nearest town, Huntingtown, Md. Neeld's Estate, Huntingtown, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? State | YES NO X 3 NAME OF 4. DATE Middl Month H a ho the hours DECEASED OF the the (Type or print) Riordon DEATH Marguerite Maria 19 66 1, 2, and 3 to 1 ge 5 may be and 2 with the COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years 1 ff UNDER 1 YEAR . IF UNDER 24 HRS last birthday) Months Days Hours Female W.DOWED V DIVORCED 69 yrs. hin 24 hours affer Give Pages 1, 2, orm PM3 Page 1De. JaUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ILS.A. Riverdale. Maryland Own home e pages Housewite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Thornton Knight 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Geranium Street, N. W. (Yes, no, or unkown) (Ifyes give war or detes of service) Office along with burial-transit perm None Riordon 18. CAUSE OF DEATH [Enter only one cause per line for (at (b) and (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INFILTRATION MMED. ATE CAUSE (a) DUE TO ō Conditions, if env. which [b] cremation, No ITT gave rise to immadiate causa DUE TO Examiner' SE (a), stating the underlying PART II, OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118 , 19. WAS AUTOPSY CERTIFICATION uld be u burial, PERFORMED? please executs the certificate, writing the word 4 should be forwarded to the Chief Medical O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to buria X NO YES 20a. EXTERNAL CAUSE WAS 1 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month Day Year 2Dd INJURY OCCURRED 2De, PLACE OF NJJRY (Home, farm, 2Df, [City or town) (County) (State) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy [X. Inspection Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 22a, BURIAL, CREMATION 1 22b NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) · Cedar Hill Cemetery Rurial 240. REC'D BY REGISTRAR 246. REGISTRAR S SIGNATURE 8434 Georgia Avenue VR A15ME 5M 1/62 Silver Spring, Md. DATE - D

in pencil in Item 18.

"pending"

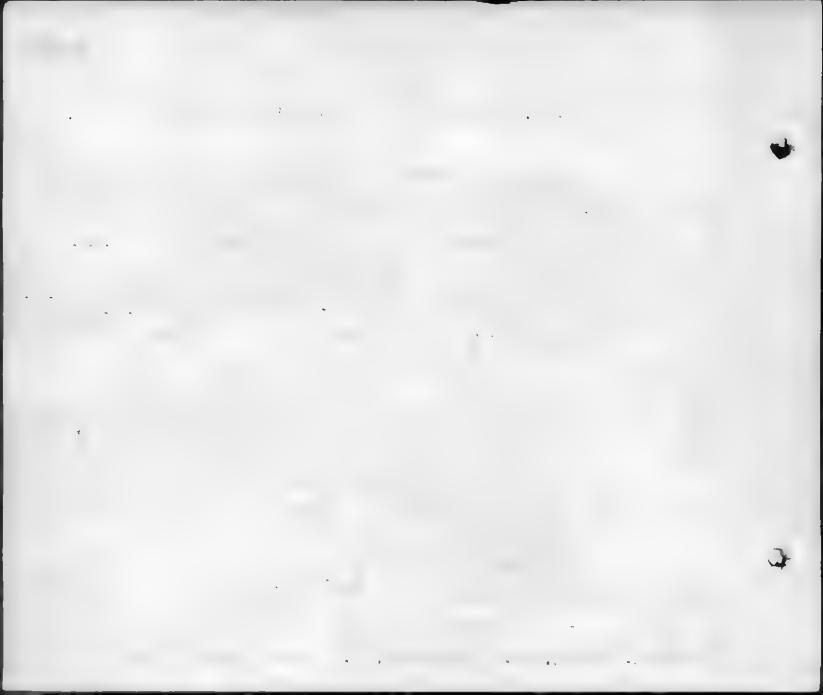
the certificate, writing the word

DEPUTY

0

cate should be

MARYLAND STATE DEPARTMENT OF HEALTH



MEDICAL

Hour a.m.

| | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M | MARYLAND |
|---------------|---|-------------------------------------|
| | 00518 CERTIFICATE OF DEATH | 0.0500 |
| 1. | PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: F | tesidence before admission) |
| | Calvert MARYLAND 8. STATE MARYLAND 6. COUNTY | dervers! |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | end give nearest town) |
| | 2/24K. (EBSh. D.C. 16 | 5.0 |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS | 6. IS RESIDENCE |
| | Calvert Nursing Home, Prince Frederick, 314 CAKMEdy Hills | YES NO NO |
| 3. | NAME OF First Manual Cast 4. DATE Month DECEASED | Day Year |
| | (Type or print) Rachel C Simmons DEATH Jan. 18 | 19 66 |
| 5. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER Months) Months | |
| | F WIDOWED DIVORCED JUNE 27, 1878 87 yrs. | Days Hours Min. |
| 10a | a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. Cring most of working life, even if retired) INDUSTRY | ITIZEN OF WHAT |
| uui | Housewife at home Pennsylvania U | S A. |
| 13. | . FATHER'S NAME 14. MOTHER'S MAIDEN NAME | |
| | William Winter Catherine Rhodes | |
| 15 (Ye | 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address es, no, or unknown) ((If yes give war or dates of service) | Y7 T. |
| | No No No 578.30,8360 A. Roberta C. Myers 314. Carmo | dy Hills Di |
| | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] | INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia | 40 hours |
| | 4 3 X DUE TO | |
| | Conditions, If any, which) (b) Cardiac Failure | 24 hours |
| | gave rise to immediate (| |
| | cause (a), stating the COLIO underlying cause last. (c) | |
| NO | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY |
| CAT | | PERFORMED? |
| CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | .) |

(County)

(State)

(State)

20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED 20f. (City or town) While at work Not While at work

p.m. 19 66 , that (I) (we) last 1.-18 1963 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 3an 18 1966, and a.M, from the causes and on the date stated above saw the deceased alive on. and that death occurred

22a. SIGNATURE OATE SIGNED STAFF PHYS. MED. DIRECTOR 1-18-66 ATTENDING PHYS. M.D. PHYSICIAN'S NAME (Type) 22c. C. Jett 22d. **ADDRESS** Prince Frederick, Md.

Ba. BURIAL CREMATION, REMOVAL (Specify) BURIAL 4. FUNERAL DIRECTOR 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) Pike Brethren Ch. 1.21.66 Nundy s Corner Penna em ADDRESS o. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. Funeral Home 300.4th st N 1000

VR A15 (4) 15M 4-64

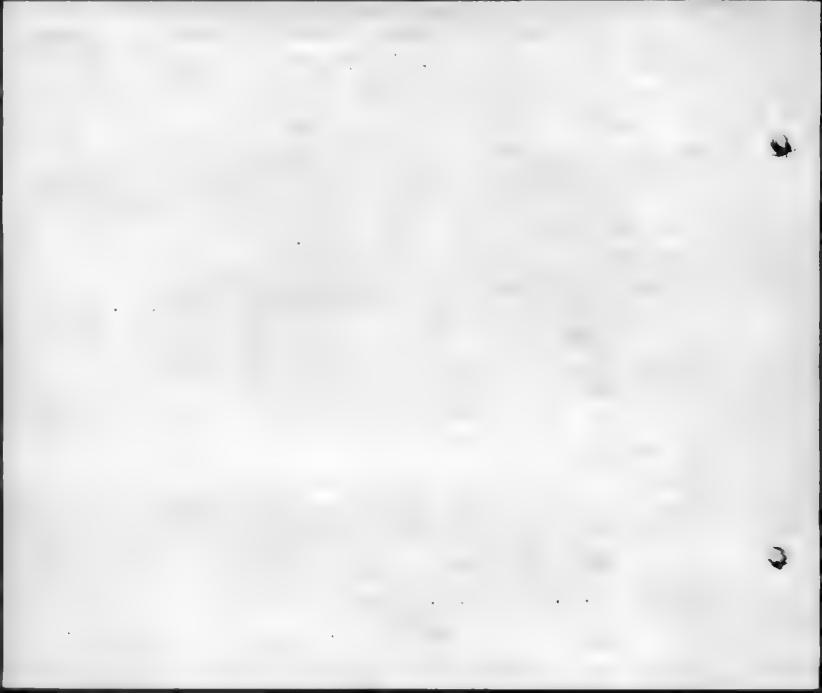


5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| WKITWIAD SIMIE | DEPARTMENT OF REALIN-DALIMORE, | J |
|----------------|--------------------------------|---|
| MEDICAL EX | AMINER'S CERTIFICATE OF DEATH | |

| | 00519 | ME | DICA | AL EXAMINE | R'S | CERTIFICA | TE OF | DEATH | Reg. D | ist. No. | 00510 |
|----------|--|---|--------------|-------------------------------|---------|---|------------------------|---------------------------------|------------|-----------|---|
| 1. | PLACE OF DEATH | alvert | | MARYLA | ND | 2. USUAL RESIDENCE (d. STATE Mal | where dece | | | | |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) Owings Life | | | | 16 | c. CITY OR TOWN (| outside con | porole limits, write | RURAL one | f give ne | arest town) |
| | | | lf not in ho | espital, give street address) | | d. STREET ADDRESS | | | | | e, IS RESIDENCE ON A FARM? YES NO |
| | NAME OF DECEASED (Type or print) | Fir Samar | | Middle | Sm: | Lost Lth | 4. DATE OF DEATH | Month Jan | | Doy | Year 1,66 |
| 5. : | SEX F | 6 COLOR OR RACE | 7. MARR | IED NEVER MARRIED | 3 8. 1 | 2/1: /65 | | 9. AGE (In years feat brithday) | Month: | | Hours Min. |
| 10c | USUAL OCCUPATION | ON (Give kind of working life, even if retired) | done 10b. | KIND OF BUSINESS OR INI | DUSTRY | | e or foreign | country) | 12. CIT | USA | WHAT COUNTRY? |
| 13. | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN | NAME | | | | |
| | Sher | man Smith | 3 | | | Mable | a Wat | kins | | | |
| | | ER IN U. S. ARMED FO | RCES? 16 | SOCIAL SECURITY NO. | 7. IN | ORMANT | 3 1,00 5 | Address | | | |
| 178 | No | fit har' flue with or gould or | TOTTICO) | | | Sherman S | mith | Owings | s. Mo | i. | |
| | 18. CAUSE OF DEA | TH [Enter only one car | ise per line | for (o), (b), and (c).] | | | | | | INTERY | AL BETWEEN AND DEATH |
| | PART I. DEAT | TH WAS CAUSED BY: | | Exposure | | | | | | | |
| | 9320 | | | | | | | | | | |
| | Conditions, if any, which) by Extreme cold weather, baby became | | | | | | | | | | |
| | gove rise to immediate cause (o), stotling the underlying OUE TO | | | | | | | | | | |
| | couse lost. (c) uncovered | | | | | | | | | | |
| N | PART II. OTH | ER SIGNIFICANT CON | DITIONS C | ONTRIBUTING TO DEATH B | UT NC | T RELATED TO THE TERM | AINAL DISEA | E CONDITION GIV | EN IN PAR | T 1(o) 19 | WAS AUTOPSY |
| FICATION | 1 | | | | | | | | | Y | PERFORMED? |
| CERT FR | 200. EXTERNAL CAU PRIMARY IV or CON CAUSE OF DEATH. | JSE WAS NTRIBUTING 20 | b. DESCRIE | BE HOW INJURY OCCURRE | D. (Enf | er noture of injury in Po | ert I or Port I | of item 18.} | | | |
| WEDICAL | 20e. TIME OF INJUI | RY Month, Day, Ye | Whi | | PLACE | OF INJURY (Home, for y, street, office bldg., et | m, 20f. (Cil | y or town} | (Co | unty) | (Stole) |
| | 21. I certify th | at I took charge | of the | remains described | ab 6v | e, held an Autop | sy 🗍 . 1 | nspection. | Inquir | v П. | and find that |
| | death resulted | from: Natural | causes [| Accident . | Suici | de [], Homicid | | indetermined c | | | |
| | ACTUAL | 4/100 | 11 | 11 | | M.D. CHIEF MEDICAL I | EXAMINER (| 1 | | | DATE SIGNED |
| | SIGNATURE | y core | 3- 4 | | | M.D. ASSISTANT MEDI | _ | | | 1/1 | 5/66 |
| | EXAMINER'S NAME (Type) | G. J. W. | ems | M. D. | | DEPUTY MEDICAL | | | | -/ - | .57 00 |
| 220 | BURIAL, CREMATIC | IN, 225. DATE THEREC | | 22c. NAME OF CEMETERY | OR C | REMATORY | 22d. LOC/ | TION (City, town, o | or county) | | (Stote) |
| | REMOVAL (Specify) | 1/17/6 | 6 | Mt. Hou | 2 | Cem_ | | Calver | |)., | Md. |
| 23, | FUNERAL DIRECTOR | | | ADDRESS | | | D BY REGIS | | | | |
| 1. | inkney E. | Sewell | Pri | nce Freder | ick | Md. DATE! | 1 1 0 | (003 , | 'u. '' | × ,/ . | 3 |
| | 15- | -1:76 | 51 | | | | | | | | |



FOR STATE HEALTH DEPT.

00520

TO DEPUTY ME EXAMINER. This certificale should be executed within them 18. Give Pages 1, 2, and 3 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form, PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR ALSME (5)

1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

24)
MEDICAL EVANINED'S CERTIFICATE OF DEATH

(1) (1)

| UUJAU MEDIOAL EXAMINER 3 | CENTIFICATE OF DEATH | OOSTI - |
|--|---|-------------------------------|
| 1. PLACE DF DEATH | 2. USUAL RESIDENCE (Where deceased lived, If institution: | Residence before admission) |
| a. COUNTY Calvert MARYLAND | a. STATE Maryland b. COUNTY | Charles |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporete limits, write RURA | L end give nearest town) |
| Prince Frederick | Benedict cy_ | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | d. STREET ADDRESS | 9. IS RESIDENCE ON A FARM? |
| Calvert Co, Hospital | | YES NO |
| 3. NAME DF First Middle DECEASED | Lest 4. DATE Month | Day Year |
| (Type or print) Charles B. | Tippett DEATH] 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER | 10 19 66 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER lest birthday) Months | 1 YEAR IFUNDER 24 HRS. |
| male white widowed Divorced V | Jah. 23, 1906 59 yra. Montan | Days Hours Min. |
| 10a, USUAL OCCUPATION (Give kind of work done duping most of working life, even if retired) 10b, KIND OF BUSINESS OR duping most of working life, even if retired) | 11. BIRTHPLACE (Stete or foreign country) 12. C | ITIZEN OF WHAT |
| Daytender Kestaurant | Mary land 4 | S.A. |
| 13 HATHER'S NAME | 14. MOTHER'S MATHEN NAME | / |
| Charles Neale librett | Essie Burrou | 945 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unbown) (If yes pive mar or dates of service) | INFORMANT Address | 1.10 |
| NO 2 - 2/6-10-6038 7 | his Essie Sippett Bar | edick het. |
| 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] | | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) Crushing of chest w | with traumatic rupture of aorta | ONSET AND DEATH |
| DUE TO | | |
| Conditions, if eny, which (b) | | |
| geve rise to immediate (| | |
| cause (a), stating the underlying ceuse lest. | | |
| | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) | 19. WAS AUTDPSY |
| T I | | PERFORMED? |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE PART III. OTHER SIGNIFICANT CONTRIBUTION TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION | IRRED. (Enter nuture of Injury in Part 1 or Part II of Item 18 | |
| PRIMARY TO CONTRIBUTING CAUSE OF DEATH. | | , |
| 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA | -auto collision CE OF INJURY (Home, farm, 20f. (City or town) (Co | unty) (State) |
| Hour XK. 1 10 66 While Not While of facto | ry, street, office bldg., etc.) | |
| | , | arles Md. |
| 21. I certify that I took charge of the remains described above, hel | | and In my opinion |
| death resulted from: Natural causes . Accident x. Sui | cide, Homicide, Undetermined manner | |
| ACTUAL 1100mark las Son | CHIEF MEDICAL EXAMINER | 22. DATE SIGNED |
| SIGNATURE (COMES). | M.D. ASSISTANT MEDICAL EXAMINER [X] | |
| EXAMINER'S Werner U. Spitz, M.D. | DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) | 1/11/66 |
| 238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY | | unty) (State) |
| REMOVAL (Specify) | 's cem Bryantow | m |
| 24. BONERAL DIRECTOR ADDRESS A | | S SIGNATURE |
| Hunts Huneral Home Waldow | Well LAN 1 1 A room Orling | Δ. |
| | 7 July 1 4 1966 | |



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any example, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Fours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OCERTIFICATE OF DEATH

| | | 00010 |
|----|--|---|
| į. | 71. PLACE OF DEATH 2. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If instruction: Residence before admission) |
| | L'abrect MARYLAND | a. STATE THEATH Pand Calrect |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| | Jame- Trederick | Chear opeake Beach !! |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre | BSS) d. STREET ACORESS B. IS RESIDENCE ON A FARM? |
| | _ Calmet County Hospital | YES NO X |
| | 3. NAME OF DECEASED (Type or print) Deflean Middle Middle Middle | Last 4. DATE Month Day Year OF DEATH Jan. 21, 1966 |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO | 8. DATE OF BIRTH 9. AGE (ID lears IFUNOER 1 YEAR IFUNDER 24 HRS. |
| | WIOOWEO DIVORCEO | Pan. 23. 1885 Royrs. Months Days Hours Min. |
| | 10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working jife, even if retired) INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | Klomestee Home | South Hakota 21.5.0, |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 | Muknown |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, mo, or unkown) (If yes give war or dates of service) | 17. INFORMANT Address Address |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (4), (b), And (c).] | ms Gladys Jacoby - Wuntinglown, Med |
| | PART I. CEATH WAS CAUSED BY: | ONSET, AND DEATH |
| | IMMEDIATE CAUSE (a) | |
| | Conditions, If any, which | I Azhullus |
| | gave rise to immediate cause (a), stating the DUE TO | 7 1 |
| ļ | underlying cause last. | ferhor |
| | PARTAL DIHERSIGNIFICANT CONDITIONS CONTAINS TING TO DEATH BUTNOTA | THE RED TO THE TERMINAL CISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED |
| - | 5 Chat Made offers | von Theuns YES NO |
| | PARTAL OF HER SIGNIFICANT CONDITIONS CONTROL ING TO DEATH BUT NOT A COLOR OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CONT | CCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) |
| | | PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) |
| | Hour a.m. While - Not While - fa | actory, street, office bldg., etc.) |
| | | 1945 |
| Ì | 21. I certify that (I) (this hospital) attended the deceased from saw the eccased alive on (2) and 1 | that death occurred 120 m. from the causes and on the date stated above. |
| | 22a. SICHTURE | 22b. DATE SIGNED |
| | Maura | M.D. PHYS. MED. MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR |
| | 22c. PHYSIGIAN'S NAME (Type) | 22d. 100RESS |
| | 1 M.W. WARP | Chay and |
| | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET | ERY OR CREMATORY 239 LOCATION (City, town or county) (State) |
| - | 24. FUNERAL DIRECTOR Jan 24, 1966 Wesley C | emetery (more trectured, Mel. |
|) | A. A. Harbertas Y Son mulial 13 | 34 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE |
| | 1 of Repub | the , Merbarer 11 to 1000 1 |

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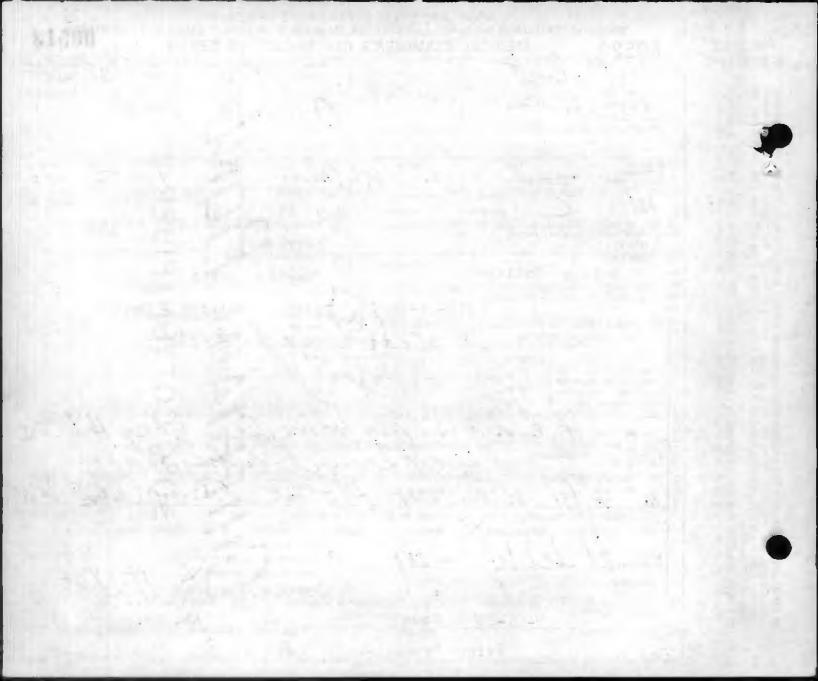


MARYLAND STATE DEPARTMENT OF TREET, BALTIMORE 1, MARYLAND-FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND Department after death. funeral b. CLT OR TOWN (if outside corporate limits, write RURAL and prie nearest town) c. LENGTH OF STAY IN 1b c. CLPA OR TOWN (if outside corporate limits, write RURAL and give nearest town) Leves d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? State hours 00 YES NO EXAMINER: This certificate should be executed within 24 hours after death. If any delay one certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and the should be forwarded to the Chief Medical Examiner's Office along with form PM3. Fig. NAME OF Middle DATE Month Day Years #£ 72 DECEASED OF DEATH J. Edward (Type or print) ithin in SEX DATE OF BIRTH 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS 7. MARRIED X 9. NEVER MARRIED last birthday) Months Days Hours Min. NE WIDOWED May DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRYT Maryland Labor pages in any 13. FATHER'S NAME MOTHER'S MAIDEN NAME Sollars Walter Brown Bertie 是層 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of sarvice) 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. removal Watkins - Owings CAUSE OF DEATH [Enter only one cause per like/for (a), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: a burlat-transit | cremation, or IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the used as a to burial, 70 underlying cause last. PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? ICATION NO should be 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW AND INF OCCURRED. (Enter nuttire of Injury In CERTIF 3 shoul agent, 1 20e. PLACE OF INJURY (Home, farm, MEDICAL TIME OF INJURY , Month, Day, Year (State) 20d VINJURY OCCURRED 20f. (City or town) factory/street, office bldg., etc.) While Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Page 4 should DIRECTOR: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER for your 22 **ACTUAL** DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY MED SIGNATUR 0 FUNERAL f Health on DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. retained NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) of 2 Md -66 Moses AA. Co. ADORESS FUNERAL DIRECTOR REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Prince Frederick-Ma

OATE

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the funeral director, thould be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be retained by the taspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician park completely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon payers. Pages 1 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

| | ******* | | | | mar-1 m + 1 |
|----|---------|------|------|-----|-------------|
| CE | RTIF | ICA' | TE C | F D | EATH |

00514

| 1. PLACE OF DEATH O. COUNTY Calvert | MARYLAND | 2. USUAL RESIDENCE (Where o. STATE Marylai | b. COUNTY | on: Residence before admission) Anne Arundel | | | |
|---|--|--|---|---|--|--|--|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | |
| d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Padgetts Nursing Hol | | d. STREET ADDRESS o. IS RESIDENCE on A FARM? YES \(\text{YES} \) NOT | | | | | |
| 3. NAME OF DECEASED (Type or print) First Rose | se Edna | Wood 4. | DATE Mon | | | | |
| S. SEX Female 6. COLOROS SACE 7. MARR WIDOWE | | B. DATE OF BIRTH Sept. 2,1889 | 9. AGE (In years lost birthdoy) 76 yrs. | Months Doys Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Seamstress C | KIND OF BUSINESS OR INDUS | | | 12. CITIZEN OF WHAT COUNTRY | | | |
| 13. FATHER'S NAME John S. Wood | | 14. MOTHER'S MAIDEN NAM | | | | | |
| | | James Wood | Friendsh | nip, Maryland | | | |
| PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stoting the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS C | CONTRIBUTING TO DEATH BUT | | L DISEASE CONDITION GIV | | | | |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | NJURY OCCURRED 20e. PL | D. (Enter nature of injury in Part ACE OF INJURY (Home, farm, latory, street, office bldg., etc.) | | (County) (State | | | |
| 21. I certify that (I) (this haspital) attends saw the deceased alive an | Sed the deceased fram | leath accurred at 9 R M | , fram the causes ar | , 1966, that (1) (we) last and on the date stated above 22b. DATE 1-17-66 | | | |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Jan. 19, 1966 24. FUNERAL DIRECTOR'S SIGNATURE A Litchins Juneal Ho | 23c. NAME OF CEMETERY OF Friendship C ADDRESS MC Owings, Ma | hr, Cemetery | Friendship BY REGISTRAR 28b. REGISTRAR | | | | |

